

NAME: _____ POSITION APPLIED FOR: _____

Education (Cont.)		
Name & Location of Business/Trade/Vocational Schools Attended (Include any related courses or training received.)	Course(s) of Study	Certificate/License Received?
		Yes No
		Yes No
		Yes No

Skills & Experience
List any additional skills or experience relevant to the position you are applying for; including volunteer experience, special interests, and any organizations or associations of which you are a member.

Employment History	
List all jobs you have held within the past five years, beginning with your present or most recent job. Include self-employment, part-time work, and military employment. All information must be included, even if you are attaching a resume. Attach additional sheets in the same format if necessary. 'See attached resume' is not acceptable in lieu of filling out this section.	
CURRENT OR MOST RECENT POSITION	
Employer Name:	Job Title:
Address: (Street, City, State, Zip)	Duties:
Telephone Number:	
Supervisor:	
Supervisor's Title:	
Supervisor's Telephone Number:	
Dates Employed: From (MO/YR): To (MO/YR):	Hourly Rate/Salary: Starting: Final:
Reason for Leaving:	
May we contact this employer?	Yes No Notify me first

NAME: _____ POSITION APPLIED FOR: _____

Employment History (Cont.)	
PREVIOUS POSITION	
Employer:	Job Title:
Address: (Street, City, State, Zip)	Duties:
Telephone Number:	
Supervisor:	
Supervisor's Title:	
Supervisor's Telephone Number:	
Dates Employed: From (MO/YR): _____ To (MO/YR): _____	Hourly Rate/Salary: Starting: _____ Final: _____
Reason for Leaving:	
May we contact this employer? Yes No Notify me first	

PREVIOUS POSITION	
Employer:	Job Title:
Address: (Street, City, State, Zip)	Duties:
Telephone Number:	
Supervisor:	
Supervisor's Title:	
Supervisor's Telephone Number:	
Dates Employed: From (MO/YR): _____ To (MO/YR): _____	Hourly Rate/Salary: Starting: _____ Final: _____
Reason for Leaving:	
May we contact this employer? Yes No Notify me first	

References	
List names of three people (other than relatives) we may contact who have knowledge of your job-related skills and/or character.	
Name:	Email Address:
Telephone Number:	Occupation/Relationship:
Name:	Email Address:
Telephone Number:	Occupation/Relationship:
Name:	Email Address:
Telephone Number:	Occupation/Relationship:

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Applicant's Agreement/Release/Certification

Notice to Applicant:

1. Employment offers may be contingent upon applicant passing a job-related physical examination and background investigations. Fingerprints may be required.
2. Temporary, part-time, probationary, and executive management employees are At Will and may be released at any time, with or without cause.
3. Employment may be contingent upon applicant meeting minimum age requirements or other requirements of the position.
4. Proof of your legal right to work in the United States must be submitted at the time of employment.

Certification:

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and beliefs, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification or dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Employer and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Employer unless made in writing.

I understand that prior to being offered employment with the Employer I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the Employer prior to the administration of the test so that a reasonable accommodation can be made. The Employer reserves the right to require medical documentation concerning the need for accommodation.

I understand that if employed, I will be required to follow all policies, procedures, and rules. The Employer reserves the right to revise policies or procedures, in whole or in part, at any time.

Authorization to Release Employment Records:

I authorize the Employer to obtain information from prior and current employers, unless noted differently below, except any information about a disability and medical condition, which is prohibited by law under the Americans with Disabilities Act. Information that may be obtained may include, but is not limited to, achievement, performance, attendance, personal history, and disciplinary information. This background check may include my driving record. Copies of background information obtained will only be provided to applicants as required by law.

I give permission for background/reference/employment checks to be done upon being placed on an eligible list.

I give permission for background/reference/employment checks to be done upon being placed on an eligible list, except from my current employer. Information from my current employer may be obtained on after an extension of a conditional job offer.

I do not give permission for background/reference/employment checks to be done upon being placed on an eligible list.

I have read, understand, and agree to the information noted above:

Applicant Signature: _____ **Date:** _____