

G R O U N D					
S K I L L S	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:		List any certificates, licenses, or professional achievements that would support your qualifications for employment:		
	Drivers' License Identification Number: Issuance:				State of
	(Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)				

EMPLOYMENT HISTORY Provide employment information, including military service starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this Application Form.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone Number
Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

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REFERENCES (List three references other than relatives)

Name	Relationship	Phone Number or Email

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

Do you have any currently pending arrests or accusations against you at this time? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Only job-related convictions will be considered and will not automatically disqualify an applicant. Employment decisions based on a conviction take into consideration many factors, including but not limited to, age and date of conviction, the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, etc. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any falsification or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date _____ Signature of Applicant