

EDUCATION

School	Name and Address of School	Degree/Diploma	Major
High			
College			
College			
College			

Other Pertinent Formal Training, if any: _____

Professional Organizations: _____

Academic Recognition or Awards: _____

REFERENCES (List references who are not related to you and are not previous employers)

Position	Address	Telephone Number

EMPLOYMENT HISTORY: List in order last employer first.

Employer: _____ Dates of Employment: _____

Address: _____

Street City State Zip Code

Phone Number: _____ Position: _____

Salary: _____ Reason for Leaving: _____

____ Voluntary ____ Involuntary

Supervisor: _____ May be contacted for references ____ Yes ____ No

Employer: _____ Dates of Employment: _____

Address: _____

Street City State Zip Code

Phone Number: _____ Position: _____

Salary: _____ Reason for Leaving: _____

____ Voluntary ____ Involuntary

Supervisor: _____ May be contacted for references ____ Yes ____ No

Employer: _____ Dates of Employment: _____

Address: _____

Street City State Zip Code

Phone Number: _____ Position: _____

Salary: _____ Reason for Leaving: _____

____ Voluntary ____ Involuntary

Supervisor: _____ May be contacted for references ____ Yes ____ No

READ CAREFULLY

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I agree to abide by all rules and regulations in effect at the time of my employment or subsequently initiated.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, and understand, and by my signature consent to these statements.

Signature of Applicant _____ Date _____

FOR PERSONNEL OFFICE USE ONLY

Meets Position Requirements: ____ Yes ____ No

Review by Screening/Search Committee: ____ Yes ____ No

Recommended for Interview: ____ Yes ____ No

Interview Date: _____ **Time:** _____

Recommended as a Potential Candidate for Employment: ____ Yes ____ No

Offered Employment: ____ Yes ____ No

Employed: ____ Yes ____ No **Date:** _____

Job Title: _____ **Salary:** _____