

## APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**PERSONAL INFORMATION** Date: \_\_\_\_\_

Last Name	First Name	Middle Name	Social Security No.
			(     )
Street Address	City	State	Zip Code    County    Telephone No.
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you furnish proof that you are legally entitled to work in the U.S.?    Yes    No			

**EMPLOYMENT DESIRED**

Position you are applying for?	Date you can start?	Salary Desired?

Are you employed now?  Yes  No    If so, may we inquire of your present employer?  Yes  No

Have you ever applied to the Associations before?  Yes  No    If so, when? \_\_\_\_\_

Have you ever been employed by the Associations?  Yes  No    If yes, indicate dates of employment \_\_\_\_\_

Do you have any relatives employed by the Associations?  Yes  No    If yes, name relationship \_\_\_\_\_

Have you ever been fired from a job or asked to resign?  Yes  No    If yes, please explain \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? \_\_\_\_\_ If yes, give details \_\_\_\_\_

How many days of work have you missed during the past year? (Exclude absences due to disability of those covered by FMLA).

If you are disabled and would like to be considered under the Americans With Disabilities Act for the disabled, please tell us during the interview. Submission of the information is voluntary and will be kept confidential. Choosing not to provide it will not prevent your consideration for employment. In order to assure proper placement of all associates, we do request that you provide us with the following: (1) any special methods, skills or procedures which qualify you for the position for which you are applying and (2) the reasonable accommodation we could make which would enable you to perform the job properly and safely, including special equipment, changes in physical layout of the job, elimination of certain duties relating to the job, or other reasonable accommodations.

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_

U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves

**WORK EXPERIENCE**

List below your four most recent employers, starting with your present or last employer. List under company name any periods of unemployment. If you were employed under a maiden or other name, please enter under the company name.

Company Name	Address & Phone	Mo./Yr.	Rate of Pay	Title of Job Held	Reason for Leaving
				Name of Supervisor	
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with the Associations' policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I conform to the rules and regulations of the Associations and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Association or myself. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. This company requires me to submit to a drug test and I understand that if I test positive for drug use, I cannot be hired by this company or if I am already employed by this company, I will be terminated. I also understand that I must be able to provide proof of identity and work authorization as required by the U.S. Immigration laws if I am hired by this company. I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time.

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

\_\_\_\_\_  
Applicant's Signature Date

**NOTE TO APPLICANT: THIS APPLICATION WILL BE ACTIVE FOR SIXTY (60) DAYS.**

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired?  Yes  No  temp or hired Position: \_\_\_\_\_ Dept.: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved: \_\_\_\_\_  
Employment Manager
Department Manager
Manager