

HAINESPORT TOWNSHIP APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:	_ Date:		
Position(s) applied for or type of work desired:			
Address:			
Telephone #:			
Date you will be available to start work:			
Are you able to meet the attendance requirements?	Yes	No	
Do you have any objection to working overtime if necessary?	Yes	No	
Can you travel if required by this position?	Yes	No	
Have you ever been previously employed by our organization?	Yes	No	
Can you submit proof of legal employment authorization and identity?	Yes	No	
If you are under 18, can you furnish a work permit if it is required?	Yes	No	
Drivers license number:			
How were you referred to us?			

Employment History

Please provide all employment information for your past two employers starting with the most recent.

Employer:	Position held:	
Address:		
Immediate supervisor and title:		
Dates employed: from to		
Job summary:		
Reason for leaving:		

Employer:	Position held:	
Address:	Telephone #:	
Immediate supervisor and title:		
Dates employed: from to		
Job summary:		
Reason for leaving:		

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school:
College:
Technical Training:
Other:

References

List 3 refer	ences names, tel	ephone numbers, and years know	wn (do not include relat	ives or employers):
Name	Title	Relationship to You	Telephone	Number of Years Known
1				
2				
3				

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have received, read, and understand the attached job description and can fulfill the requirements of the job description.

I further represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

		1 .	•	
Δ_1	nn	licant	signature:	
\mathbf{n}	UU.	ncam	Signature.	