

# Employment Application



| APPLICANT INFORMATION                             |    |                   |                              |                              |                             |        |     |      |  |
|---|----|-------------------|------------------------------|------------------------------|-----------------------------|--------|-----|------|--|
| Last Name   |    |                   | First                        |                              |                             | M.I.   |     | Date |  |
| Street Address                                    |    |                   |                              |                              | Apartment/Unit #            |        |     |      |  |
| City  |    |                   |                              | State                        |                             |        | ZIP |      |  |
| Phone   |    |                   |                              | E-mail Address               |                             |        |     |      |  |
| Position Applied for                              |    |                   |                              |                              |                             |        |     |      |  |
| Are you authorized to work in the U.S.?           |    |                   | YES <input type="checkbox"/> |                              | NO <input type="checkbox"/> |        |     |      |  |
| EDUCATION   |    |                   |                              |                              |                             |        |     |      |  |
| High School                                       |    |                   | Location                     |                              |                             |        |     |      |  |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |     |      |  |
| College   |    |                   | Location                     |                              |                             |        |     |      |  |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |     |      |  |
| Other   |    |                   | Location                     |                              |                             |        |     |      |  |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |     |      |  |
| REFERENCES  |    |                   |                              |                              |                             |        |     |      |  |
| <i>Please list three professional references.</i> |    |                   |                              |                              |                             |        |     |      |  |
| Full Name   |    |                   |                              | Relationship                 |                             |        |     |      |  |
| Company   |    |                   |                              | Phone                        |                             |        |     |      |  |
| Full Name   |    |                   |                              | Relationship                 |                             |        |     |      |  |
| Company   |    |                   |                              | Phone                        |                             |        |     |      |  |
| Full Name   |    |                   |                              | Relationship                 |                             |        |     |      |  |
| Company   |    |                   |                              | Phone                        |                             |        |     |      |  |

| PREVIOUS EMPLOYMENT  |                 |            |
|--|-----------------|------------|
| Company  |                 | Phone      |
| Location   |                 | Supervisor |
| Job Title  | Years Employed: |            |
| Responsibilities   |                 |            |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |            |
| Company  |                 | Phone      |
| Location   |                 | Supervisor |
| Job Title  | Years Employed: |            |
| Responsibilities   |                 |            |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |            |
| Company  |                 | Phone      |
| Location   |                 | Supervisor |
| Job Title  | Years Employed: |            |
| Responsibilities   |                 |            |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |            |

| MILITARY SERVICE |                  |
|------------------|------------------|
| Branch           | Years of Service |
| Skills attained  |                  |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| I authorize Southeast Linn Community Center to verify all data provided and to complete a background check prior to employment.                     |      |
| I understand that a drug test may be a condition of employment at Southeast Linn Community Center.  |      |
| I understand that employment at Southeast Linn Community Center is "at-will."   |      |
| Signature   | Date |

Southeast Linn Community Center is an Equal Opportunity Employer.