

Application For Employment

West Fork Community School

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About This Position?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address- Number

Street

City

State

Zip Code

Telephone Number

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes

No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

___ Yes ___ No

If Yes, give date _____

Are you currently employed?

___ Yes ___ No

May we contact your present employer?

___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

___ Yes ___ No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Have you ever been convicted of a felony within the last 7 years?

___ Yes ___ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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Elementary School

High School

Undergraduate
College/Univ.

Graduate
Professional

	School Name & Location																
	Years 3	Completed 4	1	2	3	4	4	5	6	7	8	9	10	11	12	1	2
	Diploma/Degree																
	Study																
	<p>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</p> <p>Describe any honors you have received.</p> <p>State any additional information you feel may be helpful to us in considering your application.</p>																

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)*

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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2. Employer	Dates Employed	
	From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
Job Title	Supervisor	
Reason For Leaving		

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3. Employer	Dates Employed	
	From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
Job Title	Supervisor	
Reason For Leaving		

4. Employer	Dates Employed	Work Performed
	From To	
Address		
<hr/>		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
<hr/>		
Job Title	Supervisor	
<hr/>		
Reason For Leaving		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Applicant' Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *“at will”* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *“at will”* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

