

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION					
Last Name		First		Middle	
Street Address or P.O. Box				Apartment/Unit #	
City		State		ZIP	
Primary Phone		Cell Phone			
Social Security #		E-mail Address			
Do you possess a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CDL <input type="checkbox"/>	Passenger Endorsement <input type="checkbox"/>	
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony? (Conviction may not disqualify an applicant for employment)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Position Applying For:			When can you Start?		
Desired Wage:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other <input type="checkbox"/>	
How did you learn of this opening?	Relative Working for Audubon Area:				

EDUCATION	NAME & LOCATION	YEAR GRADUATED	MAJOR	DEGREE/DIPLOMA/GED
High School/GED		XXXXXXX	XXXXXXX	
College/University				
College/University				
Other Training Education				

SKILLS AND QUALIFICATIONS
Office Machine Proficiencies:
Computer Software Proficiencies:
Other Skills:

PREVIOUS EMPLOYMENT*Employers will be used for primary references.*

Most Recent Company		Address	
Phone	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Previous Company		Address	
Phone	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Next Previous Company		Address	
Phone	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES (NON-RELATIVE)

Name	E-Mail Address	Daytime Phone	Other Phone
1.			
2.			
3.			

CERTIFICATION 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 dismissal.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, and other protected classifications.

Pre-Employment Testing Notice To Applicant: I understand that if the position that I am applying for is "safety-sensitive" that pre-employment drug testing is mandatory, and random drug/alcohol testing will be administered. With my signing below, I understand that pre-employment drug testing is a prerequisite to employment for all safety-sensitive positions.

This application will be considered incomplete if this section is not signed and dated.

Applicant's Signature	Date
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