

APPLICATION FOR EMPLOYMENT

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

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Résumé's may be attached. Use blank paper if you do not have enough room on this application. PLEASE PRINT , except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.								
Job Applied for	ob Applied for Today's Date:							
Are you seeking: Full-Time Part-Time	Full-Time Part-Time Seasonal employment? When could you start work?							
Last Name First N	lame	Middle	e Name	Teleph	hone Number			
Present Street Address		City		State	Zip Code			
Email Address	_ If hired, can	you furnish proof you	u are eligible to	work in the U.S	s.? Yes 🗆 No 🗆			
Are you 18 years of age or older?(If you are hired, you may be required to submit proof of a					Yes 🗆 No 🗆			
How did you hear about us?								
Were you ever employed by the Evergreen Park & If yes, when & supervisor & department &		_	_					
Have you ever been convicted of any law violation plea of "guilty" or "no contest." Exclude minor traff	n? Include any fic violations.)				Yes 🔲 No 🗀			
If yes, give details								
Do you have a valid driver's license?			•••••		Yes 🗌 No 📙			
Driver's License Number		Class of License	;	State Licen	sed In			
Have you had your driver's license suspended or revoked in the last 3 years?								
If yes, give details:								
List professional, trade, business or civic activities religion, national origin, sex, age, disability or othe								
LIST NAME AND ADDRESS OF SCHOOLS		Number Years Complet	ed C	Diploma/ Degree/ Certificate	Subjects Studied			
High School or GED:								
College or University:								
Vocational or Technical:								
What skills, additional training, or certifications do	you have that re	elate to the job for wh	iich you are app	olying?				
What machines or equipment can you operate that	nt relate to the jol	b for which you are a	applying?					

service and any periods o		or last employer listed first. Account for d, give firm name and supply business remployers.					
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО			
CITY, STATE, ZIP CODE		REASON FOR LEAVING:					
SUPERVISOR(S)	TELEPHONE						
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО			
CITY, STATE, ZIP CODE		REASON FOR LEAVING:					
SUPERVISOR(S)	TELEPHONE						
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО			
CITY, STATE, ZIP CODE		REASON FOR LEAVING:					
SUPERVISOR(S)	TELEPHONE		-				
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО			
CITY, STATE, ZIP CODE		REASON FOR LEAVING:					
SUPERVISOR(S)	TELEPHONE						
Are you presently employed? . If yes, whom do	lo you suggest we contact?		Y				
If yes, please e	explain:						
Give three reference, not relati	ives, or former employers.						
Name		Address	Phone				
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre – and/or post-employment drug screen as a condition of employment, if required to understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of							
I UNDERSTAND THAT THIS APPLIC. CONTRACT OF EMPLOYMENT NOR G OF THE EMPLOYER AND MY EMPLOY	GUARANTEE EMPLOYMENT FOR ANY DEF DYMENT MAY BE TERMINATED AT ANY TIM	odo the work for which I am applying. IAGEMENT, OR SUBSEQUENT EMPLOYMENT D FINITE PERIOD OF TIME. IF EMPLOYED, I UNDER ME, WITH OR WITHOUT REASON AND WITH OR V	RSTAND THAT I HAVE B				
I have read, understand, and by my sign	lature consent to these statements.						
Signature:This applica	ation for employment will remain active	for a limited time. Ask the organization's repr	Date: resentative for details.				