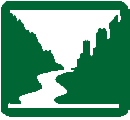
East Central Regional Development Commission

Application for Employment



It is this employer’s policy to make reasonable accommodations for person with disabilities in the hiring process. If your disability prevents you from reading or filling out his application form, please let us know, and we will provide assistance.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Specific Position for Which Applying | | | | | | | Date of Application | | | | | Date Available for Work | | | |
| Last Name | | | | | First Name | | | | | | | | | Middle Initial | |
| Mailing Address | | | | | City | | | | | | | State | | | Zip |
| Email Address | | | Are you 18 years of age or over?  □ Yes □ No If No, Date of Birth | | | | | | | Residence Phone | | | | | |
| County of Residence | | | Business Phone | | | | | |
| **Education** | | | | | | | | | | | | | | | |
| Did you graduate from high school or receive a GED?  □ Yes □ No School Attended # of Years | | | | | | | | | | | | | | | |
| Name and Location of College, University, Technical Schools | | | | | | Did you Graduate? | | | | Certificate or Degree | | | Course of Study | | |
|  | | | | | | □ Yes □ No | | | |  | | |  | | |
|  | | | | | | □ Yes □ No | | | |  | | |  | | |
|  | | | | | | □ Yes □ No | | | |  | | |  | | |
|  | | | | | | □ Yes □ No | | | |  | | |  | | |
| **Employment**  (List employment history, but do not provide dates of employment for jobs held more than five years ago.) | | | | | | | | | | | | | | | |
| Employing Firm | | | | | From: Month Year | | | | | | To: Month Year | | | | |
| Address | | | | | Reason for Leaving | | | | | | | | | | |
| Phone Number | Supervisor | | | |
| Your Title | Supervisor’s Title | | | | May we contact this employer?  □ Yes □ No If No, explain. | | | | | | | | | | |
| Principal Responsibilities | | | | | | | | | | | | | | | |
| Employing Firm | | | | | From: Month Year | | | | | | To: Month Year | | | | |
| Address | | | | | Reason for Leaving | | | | | | | | | | |
| Phone Number | Supervisor | | | |
| Your Title | Supervisor’s Title | | | | May we contact this employer?  □ Yes □ No If No, explain. | | | | | | | | | | |
| Principal Responsibilities | | | | | | | | | | | | | | | |
| Employing Firm | | | | | From: Month Year | | | | | | To: Month Year | | | | |
| Address | | | | | Reason for Leaving | | | | | | | | | | |
| Phone Number | Supervisor | | | |
| Your Title | Supervisor’s Title | | | | May we contact this employer?  □ Yes □ No If No, explain. | | | | | | | | | | |
| Principal Responsibilities | | | | | | | | | | | | | | | |
| **Job Relevant Volunteer and Unpaid Work Experience** | | | | | | | | | | | | | | | |
| Kind of Volunteer Activity (Do not specify organization) | | | | Major Responsibilities | | | | | # Hours/Week | | Length of Service | | | | |
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| Describe any additional experience or training that qualifies you for this job. | | | | | | | | | | | | | | | |
| **References**  (Give us the names of three people outside of relatives who can be contacted regarding your qualifications, work habits and character.) | | | | | | | | | | | | | | | |
| Name | | Present Address | | | | | | Phone | | | Position and relation to your work | | | | |
|  | |  | | | | | |  | | |  | | | | |
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| **Military**  Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? □ Yes □ No | | | | | | | | | | | | | | | |
| **Felony Conviction**  Have you served a sentence in jail or prison or been convicted of a felony for which a jail sentence could have been imposed? You may answer “No” if the conviction or criminal records have been annulled, sealed, set aside or purged or if you have been pardoned pursuant to the law.  □ Yes □ No If “Yes”, attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interests to areas less related to areas of your conviction. | | | | | | | | | | | | | | | |
| In connection with this application for employment, I authorize the employer and any agent acting on it’s behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts, Moreover, I hereby release the employer and any agent acting on it’s behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.  □ Yes □ Yes, but not present employer until job is offered □ No (We may be unable to hire you without this information.)  I declare that any statements in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above    Date: Signature (Do not print) | | | | | | | | | | | | | | | |
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