



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? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date of Birth		Residence Phone	
County of Residence			Business Phone	
Education				
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No School Attended # of Years				
Name and Location of College, University, Technical Schools		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate or Degree	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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 inform 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) _____