



**EMPLOYMENT APPLICATION**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State Laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Check the following options you would consider \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

If part time, specify hours or days \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you have any other commitments to another employer that might affect your employment with us? \_\_\_\_\_

**EDUCATION AND TRAINING**

	School Name	City and State	Major Course of Study	Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job \_\_\_\_\_

List any machines, equipment, or software programs on which you are qualified and experienced in operating \_\_\_\_\_

List any languages you fluently speak \_\_\_\_\_ Read/write \_\_\_\_\_

Do you have a valid driver's license in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No

Military experience? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Rank at separation \_\_\_\_\_

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 16 years old or over? \_\_\_\_\_ Yes \_\_\_\_\_ No If under 18, state age \_\_\_\_\_



GENERAL INFORMATION (continued)

Were you previously employed by Fairmount Memorial Association? \_\_\_ Yes \_\_\_ No If yes, dates \_\_\_\_\_

List any relatives working for Fairmount Memorial Association \_\_\_\_\_

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM – TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER ( )		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING		LAST SALARY	
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM – TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER ( )		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING		LAST SALARY	
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM – TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER ( )		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING		LAST SALARY	



EMPLOYMENT HISTORY (continued)

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM – TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER ( )		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING		LAST SALARY	
BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)			
NAME	OCCUPATION/ASSOCIATION	PHONE	
1. _____	_____	( )	
2. _____	_____	( )	
3. _____	_____	( )	

Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may choose to omit any information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

\_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT (Please read the following statement carefully.)**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Fairmount Memorial Association any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Fairmount Memorial Association, from liability for any damage that may result from furnishing same to Fairmount Memorial Association.

I understand that Fairmount Memorial Association will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Fairmount Memorial Association workers' compensation insurance policy.

If employed by Fairmount Memorial Association, I agree to abide by policies and procedures, which include an Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Fairmount Memorial Association or myself. I further understand that no manager or representative of Fairmount Memorial Association other than the President of Fairmount Memorial Association and its Board of Directors has any authority to enter into any agreement, oral or written, on behalf of Fairmount Memorial Association for a term of employment or to make any assurance or promise of continued employment.

I understand and agree to take a pre-employment drug and alcohol-screening test if required. I hereby give my voluntary consent to the release of the test results to Fairmount Memorial Association for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_