

OLD SALEM, INC. EMPLOYMENT APPLICATION

PLEASE PRINT

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

DATE: / /

APPLICANT DATA:

Position applied for:

Full Name:

Last

First

Middle

Address:

City:

State:

Zip:

Phone:()

Cell/Beeper/Other Phone:

E-mail Address:

Date available to start:

Salary Requirements:

If you are under 18 and we require a work permit, can you furnish one? YES NO

If no, please explain: _____

Have you ever worked for this company YES NO If yes, when? _____

Are you a citizen of the United States? YES NO If not are you legally allowed to work in the US? YES NO

Type of employment desired: FULL TIME PART TIME TEMPORARY SEASONAL

Have you ever pled "guilty", "no contest", or been convicted of a crime? YES NO

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of violation, rehabilitation, and positions applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

How did you hear about this position? _____

Availability To Work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION:

High School:

Address:

#of Years Completed:

Did you graduate? YES NO

GPA:

Class Rank:

College/University:

Address:

#of Years Completed:

Did you graduate? YES NO

Degree:

Major:

GPA:

Class Rank:

Other:

Address:

#of Years Completed:

Did you graduate? YES NO

Degree:

Major:

GPA:

Class Rank:

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and whom you have not been employed:

Name:	Phone:()
Address:	City: State: Zip:
Name:	Phone:()
Address:	City: State: Zip:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent positions):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
 Company: _____ Address: _____
 Phone () _____ Supervisor: _____ Title: _____
 Responsibilities: _____
 Starting Salary and Title: _____ Ending Salary and Title: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
 Company: _____ Address: _____
 Phone () _____ Supervisor: _____ Title: _____
 Responsibilities: _____
 Starting Salary and Title: _____ Ending Salary and Title: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
 Company: _____ Address: _____
 Phone () _____ Supervisor: _____ Title: _____
 Responsibilities: _____
 Starting Salary and Title: _____ Ending Salary and Title: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that the false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____