



## EDUCATION AND TRAINING

SCHOOL:	NAME, ADDRESS	YEARS COMPLETED:	GRADUATED:	MAJOR:
<b>HIGH SCHOOL:</b>				
<b>COLLEGE:</b>				
<b>ADDITIONAL TRAINING:</b>				

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?

IF JOB RELATED, INDICATE THE KIND OF WORK WHICH YOU HAVE DONE:

<input type="checkbox"/> KEYBOARDING SKILLS ( _____ WPM)	<input type="checkbox"/> COMPUTER SKILLS/TRAINING _____
<input type="checkbox"/> OFFICE MANAGEMENT _____	<input type="checkbox"/> CLERICAL SKILLS: _____
<input type="checkbox"/> OTHER _____	

## ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IF YOU HAVE WORKED FOR VERDES FOUNDATION BEFORE, STATE WHERE, WHEN, FINAL POSITION, AND REASON FOR LEAVING:

Yes  NO  IF YES, STATE: \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

Yes  NO  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## SERVICE RECORD

BRANCH OF SERVICE:	DISCHARGE DATE: RANK:
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:	DATE OBLIGATION ENDS:

## FELONY CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

YES

NO

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

IF YES, STATE DETAILS AND DATES: \_\_\_\_\_

## EMERGENCY NOTIFICATION DESIGNATION

NAME:

RELATION:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE -HOME:

PHONE-WORK:

## CAREER OBJECTIVES

WHY ARE YOU INTERESTED IN WORKING FOR VERDES FOUNDATION, AND WHAT ARE YOUR CAREER OBJECTIVES?

## REFERENCES

NAME:	BUSINESS ADDRESS:	PHONE NUMBER:	YEARS ACQUAINTED:
NAME:	BUSINESS ADDRESS:	PHONE NUMBER:	YEARS ACQUAINTED:
NAME:	BUSINESS ADDRESS:	PHONE NUMBER:	YEARS ACQUAINTED:

## REFERRAL SOURCE, CHECK ONE

- WALK-IN APPLICANT
- EMPLOYMENT AGENCY NAME \_\_\_\_\_
- COMMUNITY ORGANIZATION NAME \_\_\_\_\_
- EMPLOYEE REFERRAL NAME \_\_\_\_\_
- OTHER \_\_\_\_\_

## APPLICANT'S STATEMENT

All of the information I have provided as part of the application process is complete, true and accurate. This includes the information on the application form, my resume and any other supporting documents I have provided, including the documents that verify my legal authorization to work.

I understand that I may be disqualified as an applicant or terminated as an employee at any time, if any of this is found to be false, or if any fact is misrepresented or omitted on my documents. My signature below authorizes the Company as part of the application process, to request any information from any reference or former employer of mine.

My consent includes giving the company the right to conduct a complete background investigation. This investigation may include, but not limited to a check in my criminal history, driving record, employment, military, education and any other available public records which may provide information in my character, general reputation and mode of living.

I understand that the company will comply with all applicable federal, state and local laws in conducting any investigation of me. Furthermore, I agree that any party that provides the company or its agent information pursuant to this authorization will be released from any liability from me. I understand I am granting permission to these individuals or companies to provide the company with information on me and I am agreeing not to make any claim against them for providing the information.

I understand that the company has a Drug Free Workplace Policy and I agree to comply with this policy as a condition of my employment. During my employment I agree to submit to any lawful drug, alcohol and/or skills testing required by the company. I agree that my refusal to submit to such testing during my employment will result in disciplinary action, up to and including termination, unless otherwise prohibited by law.

I further understand that my employment with the company is on an at-will basis and this is consistent with the law. I understand that I am free to terminate my employment at any time for any reason, and the company is free to terminate the employment relationship with me at any time, for any reason, with or without advance notice. In addition, I understand as an employee of the company I am responsible for understanding the company's policies, rules, regulations, and practices as modified from time to time by the company. I understand the company has complete discretion to modify its policies, rules, regulations, and practices at any time.

I consent to such changes as a condition of my continued employment with the company, provided such changes are consistent with applicable federal, state and local law. The company may conduct a search of my computer at any time. I understand that while employed I may be required to sign a confidentiality agreement, non-compete and/or conflict of interest statement as a condition of employment, I agree to do so if requested.

SIGNATURE:

DATE:

---