



EMPLOYMENT APPLICATION

This form should be completed in full, even if submitting a resume. Thank you.

POSITION APPLIED FOR _____
 DATE OF APPLICATION _____

DESIRED SALARY _____
 DATE AVAILABLE _____

Full Name:		Other names used:
Current Address:		
Home Telephone:		Cell Phone:
		Email:

SCHEDULE

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, work hours may vary from week to week, depending on organizational needs. Please list the times/days you are available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

Are you less than 18 years of age? (If, yes, you will need to present a work permit.)	Yes	No
Do you have reliable means of transportation?	Yes	No
Do you have a valid driver's license?	Yes	No
Are you legally eligible for employment in the United States? (You will be asked to present proof upon hire.)	Yes	No
Have you ever been discharged from any employment or asked to resign? If yes, please explain under "Information."	Yes	No
Do you have any family members and/or friends at the Ecology Center? If so, please list under "Information."	Yes	No
Were you referred to this position by anyone? If so, please list under "Information."	Yes	No
Are you able to perform the essential functions of the job that you are applying for? List any reasonable accommodations needed under "Information."	Yes	No
Are you able to work overtime?	Yes	No
Have you worked at the Ecology Center before? If yes, please list dates of employment in the "Information" section.	Yes	No
Information. Please attach extra sheets as necessary.		

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?

Do you have any special licenses, certificates or special training? If so, please list under "Special."	Yes	No
Do you have any special skills that are relevant to this position? If so, please list under "Special."	Yes	No
Please list languages other than English you are able to speak or read with proficiency.		
Please list all software applications you are able to use with proficiency.		

Special:

EMPLOYMENT HISTORY

Please begin with your most recent job (1), and continue with your past 7 years of employment. You may attach additional sheets as necessary.

1 EMPLOYER/NAME OF COMPANY	FROM		TO		JOB TITLE
	MO	YR	MO	YR	
ADDRESS					DESCRIBE YOUR DUTIES
ADDRESS	TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR	E-MAIL				
REASON FOR LEAVING.				MAY WE CONTACT THIS EMPLOYER?	
2 EMPLOYER/NAME OF COMPANY	FROM		TO		JOB TITLE
	MO	YR	MO	YR	
ADDRESS					DESCRIBE YOUR DUTIES
ADDRESS	TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR	E-MAIL				
REASON FOR LEAVING.				MAY WE CONTACT THIS EMPLOYER?	
3 EMPLOYER/NAME OF COMPANY	FROM		TO		JOB TITLE
	MO	YR	MO	YR	
ADDRESS					DESCRIBE YOUR DUTIES
ADDRESS	TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR	E-MAIL				
REASON FOR LEAVING.				MAY WE CONTACT THIS EMPLOYER?	
PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:					

REFERENCES Please provide three (3) business references who have known you for at least one year.

NAME	BUSINESS NAME	PHONE NUMBER/E-MAIL ADDRESS	YEARS ACQUAINTED

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application, or any accompanying or required documents, will be cause for denial of employment, or immediate termination of employment, without regard to when or how discovered. I further certify that I the undersigned applicant have personally completed this application.

It is the policy of the Ecology Center to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, gender, national origin, marital status, expunged juvenile records, or pregnancy and any other characteristic protected by Federal, State, or Local law.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Printed Name

Date