

PLEASE READ CAREFULLY BEFORE SIGNING!

1. I certify that the information given in this application is true and complete to the best of my knowledge. I understand that the information may be verified by Tamarack Center and that the Center may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Tamarack Center and I RELEASE FROM LIABILITY ANY PERSON GIVING OR RECEIVING SUCH INFORMATION. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

2. I understand that this is an application for employment and that NO EMPLOYMENT CONTRACT is being offered. I understand that if I am employed, such employment is for an INDEFINITE PERIOD OF TIME and that the Center CAN CHANGE WAGES, BENEFITS, POLICIES AND CONDITIONS OF EMPLOYMENT AT ITS SOLE DISCRETION with or without prior notice.

3. I agree that MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, at the option of either the Center or me, at will, without prior notice. I understand that no representative of the Center, other than the Executive Director, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

4. In the event of employment, I understand that false or misleading information, deliberate omission of a fact in my application, related papers, or interview(s) may result in discharge from employment.

5. I understand that an investigation of my background may be necessary. I hereby agree to provide the necessary information and authorize any inquiry as to my past employment, credit reports and other background checks. Upon written request, I am entitled to receive written disclosure of the nature and scope of the investigation requested.

Signature: _____

Date: _____

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date:

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Present Street Address: _____ City: _____ State: _____ Zip: _____
Permanent Street Address: _____ City: _____ State: _____ Zip: _____
Are you 18 years or older? _____ Phone #: _____ Apartment #: _____
Yes No

In case of an Emergency Notify:

Name: _____ Address: _____ Phone #: _____

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes No

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Ever worked for this company before? _____ Where? _____ When? _____

Reason for leaving? _____

Name of last supervisor at this company? _____

Who referred you to this company? _____

Employment Agency Newspaper Ad State Employment Office Friend
College Placement Service Walk In Other

EDUCATION

School Level	Name and Location of School	# of Years Attended	Subjects Studied
Grammar School			
High School			
College			
Trade Business or Correspondence School			

GENERAL INFORMATION

Subjects of Special Study or Research work:

Special Training:

Special Skills:

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Name and Address of Present or Last Employer:

Starting Date (Month and Year:)

Leaving Date (Month and Year:)

Weekly Starting Salary:

Weekly Final Salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone #:

Description of Work:

Reason for Leaving:

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Name and Address of Present or Last Employer:

Starting Date (Month and Year:)

Leaving Date (Month and Year:)

Weekly Starting Salary:

Weekly Final Salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone #:

Description of Work:

Reason for Leaving:

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Name and Address of Present or Last Employer:

Starting Date (Month and Year:)

Leaving Date (Month and Year:)

Weekly Starting Salary:

Weekly Final Salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone #:

Description of Work:

Reason for Leaving:

REFERENCES (Give below the names of three persons not related to you who you have known at least one year)

Name	Phone	Business	Years Acquainted
1.			
2.			
3.			

SERVICE RECORD

Branch of Service:

Discharge Date:

Rank:

Present Membership in National Guard or Reserves: Date Obligation Ends:

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAME AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height:

feet

inches

Are you a U.S. citizen?

Yes

No

What foreign languages do you speak fluently?

*Have you been convicted of a felony or misdemeanor within the last 5 years?

Yes

No

Describe:

****You will not be denied employment solely because of a conviction record unless the offense is related to the available position.***

AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPINION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Date:

Signature: