

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, or 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

SOCIAL SECURITY # _____

NAME

	LAST	FIRST	MIDDLE	
--	------	-------	--------	--

PRESENT ADDRESS

	STREET	CITY	STATE	ZIP
--	--------	------	-------	-----

PERMANENT ADDRESS

	STREET	CITY	STATE	ZIP
--	--------	------	-------	-----

ARE YOU 18 YEARS OR OLDER? YES NO PHONE #: _____ APARTMENT #: _____

IN CASE OF AN EMERGENCY NOTIFY

	NAME	ADDRESS	PHONE #
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ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

<u>EVER APPLIED TO THIS COMPANY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>
<u>EVER WORKED FOR THIS COMPANY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>

REASON LEAVING _____ FOR

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU TO THIS COMPANY EMPLOYMENT AGENCY NEWSPAPER AD OTHER

STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SERVICE WALK IN FRIEND

EDUCATION

SCHOOL LEVEL NAME AND LOCATION OF SCHOOL NO OF YEARS ATTENDED SUBJECTS STUDIED

GRAMMER SCHOOL

HIGH SCHOOL

COLLEGE

TRADE BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL

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 _____ DATE _____ LEAVING DATE _____

MONTH YEAR MONTH 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 _____ DATE _____ LEAVING DATE _____

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NAME AND TITLE OF SUPERVISOR PHONE #

DESCRIPTION OF
WORK

REASON FOR
LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	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 LA WS, 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? READ WRITE

* HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?
(SEE BELOW) _____ YES _____ NO
DESCRIBE

* You will not be denied employment solely because of a conviction record, unless the offense is related to the Job for which you have applied.

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 MISREPRESEVTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AN, 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 TERMNATED, 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 _____

