



LAKE MARTIN TRAILBLAZERS Application for Employment

Today's Date: / /

Month Day Year

Name: _____

First Middle Last

Telephone Number: _____ Email Address: _____

Address: _____

DOB: MM/DD/YYYY _____

Are you legally able to work in the United States ?

Yes ☐ No ☐

Two proofs of identity are required: _____

Have you ever been convicted of a crime?

☐ Yes ☐ No If Yes, explain: _____

EDUCATION

Type of School	Name of School	Location of School	Major/Minor	Last Year Completed	Diploma/Degree		Grade Average
High School				1 2 3 4	Yes	No	
College				1 2 3 4	Yes	No	

List extracurricular activities, hobbies, academic awards, honor societies, etc.

WORK SCHEDULE AVAILABILITY

Desired number of hours per week: _____ Date available for employment: _____

This position is a part time position. Hours are Monday through Friday 2:30 - 5:30 Please fill in hours you are **not available to work**.

Monday

Tuesday

Wednesday

Thursday

Friday

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Please list any extracurricular activities we need to be aware of in making a weekly schedule.

This position runs August - May, please list any known long periods or vacations, camps, etc that you might not be available.

WORK EXPERIENCE: Begin with your most recent employer first.

From	To	Employer	Phone:
Hourly Rate/Salary:		Address:	
Job Title:		Nature of Work Performed/Job Responsibilities:	
Supervisor:		Reason for leaving:	
May we contact for reference: <input type="checkbox"/>		If No, Please Explain:	
Yes			
No			

From	To	Employer	Phone:
Hourly Rate/Salary:		Address:	
Job Title:		Nature of Work Performed/Job Responsibilities:	
Supervisor:		Reason for leaving:	
May we contact for reference:		If No, Please Explain:	
Yes			
No			

PROFESSIONAL REFERENCES: Please list professional references excluding family and friends.

Name	Phone Number	Relationship	Years Known

Name	Phone Number	Relationship	Years Known

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information given in this application and resume is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision. I understand that the information may be verified by the Company, and I hereby authorize investigation of all statements contained in this application for employment, contact of references, and I hereby release my present employer and past employers from all liability and damages arising from the release of any and all information regarding my employment. If I am employed, in consideration of my employment, I agree to abide by all rules and policies of the Company, Ialso agree that the duration of my employment will not be for any specific term and may be terminated by me at will or at the will of the Company, with or without cause, and with or without notice, at any time.

SIGNATURE OF APPLICANT: _____ DATE: _____