

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

Name: _____ SS# _____

Address: _____

Phone: _____ Are you 18 years or older: _____

Are you a Citizen of the U.S.: _____ Date of Birth: _____

Do you have a valid Driver's License: _____ Chauffeur's License: _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed _____ May we contact your employer _____

Have you ever been convicted of a felony: _____

EDUCATION

School Name

No of Yrs
Attended

Did you
Graduate

Subjects
Studied

Grammar School

High School

College

Trade School

GENERAL

Subjects of special study or research work: _____

Military Service: _____

EMPLOYMENT HISTORY

(List below last four employers, starting with last one first)

Dates of employ	Name & address of Employer	Salary	Position	Reason for Leaving

REFERENCES

(Give the name of three persons not related to you, whom you have known at least one year)

Name	Address	Business

A PHYSICAL EXAM MAY BE REQUIRED FOR MAINTENANCE & FIELD OPERATORS

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____

If yes, please describe: _____

In case of an emergency notify: Name _____ Phone # _____

Name _____ Phone # _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the referenced listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, My employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date: _____ Signature: _____

Woodland Lakes Trusteeship, Inc. Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____
(Street) (City)
(Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

Have you or a family member served or worked at Woodland Lakes Trusteeship Inc in the past? Yes ___ or No ___

If yes, who? _____,
relationship to you _____.

Dates: From (Mo/Yr) _____ To (Mo/Yr) _____

I, _____, acknowledge Woodland Lakes Trusteeship, Inc. may use my driver's license number, date of birth and Social Security Number to run a criminal background check and driving record status verification.

Signature: _____ Date: _____

Attach a copy of the Background Check Results when received.