



P.O. Box 867    McCall, ID 83638    (208) 634-5555

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Date	Social Security Number:
Name	
Street Address	
City/State/Zip	
Phone	Referred by:
Date of Birth	Are you a U.S. Veteran?

## DESIRED EMPLOYMENT

Position:	Date you can start:
Do you have a current Food Handlers Certificate?	Do you have a current CPR Cert.?
Do you have a current Lifeguard Certificate?	
Present Employment:	
May We Contact Your Present Employer?	
Supervisor:	Phone:

## EDUCATION

School Level	Name and Location of School	Years Attended*	Date Graduated*	Subjects Studied

\*The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than age 70.

## FORMER EMPLOYERS

Date Month and Year	Name and Location of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				

## REFERENCES

Name	Email Address	Phone #	Years Known	Relationship to you

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing the same to you. These policies do not create any promises or contractual obligations between this company and its employees. My employment is at will, which means I am free to terminate my employment at any time, for any reason, with or without cause, and the company has the same right.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_