

APPLICANT INFORMATION

Full Name	Phone
Previous Names	Email
Address	
City/State	Zipcode
Are you applying for full-time or part-time e	employment?
Job Applied For:	Annual Salary Desired:
Would you consider working occasional:	
Weekends	Evenings
🗋 Yes	Yes
□ No	◯ No
Are you 18 years of age or older? O Yes	S 🗋 No
Are you a US Citizen or Alien legally autho	prized to work in the United States? O Yes O No
Long Range Goals:	

EDUCATION/SKILLS AND PROFESSIONAL LICENSES

High School Name		
Address		
Last Year Completed:	Did you graduate? D Yes	No
College Name		

Concyc Marie				
Address				
Last Year Comple	ted:	Did you graduate?	🗋 Yes	🗋 No
List Diploma or Degre	e:			

OTHER BUSINESS COLLEGE OR SPECIAL COURSES

Special Military Training, Post Graduate and Certificates/Licenses

Area(s) of specialization or major interest

List office skills including computer/software experience

Word Processing (Approx. WPM)

WORK EXPERIENCE

PREVIOUS JOB #1	
Job Title	
Employed From	To
Supervisor Name	Company Name
Address	City/State Zipcode
Duties	
Reason for leaving	

Job Title		
Employed From	То	
Supervisor Name	Company Name	
Address	City/State	Zipcode
Duties		
Reason for leaving		
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PREVIOUS JOB #3		
Job Title		
Employed From	То	
Supervisor Name	Company Name	
Address	City/State	Zipcode
Duties		
Reason for leaving		

Please identify and explain any gaps in employment longer than three (3) months.

LANGUAGE SKILLS

Language(s)		
Do you speak?	Do you read?	Do you write?
🔘 Fair	🔘 Fair	🔘 Fair
Good	Good	Good
Fluent	Fluent	Fluent

REFERENCES

List references who are not relatives

REFERENCE #1	
Full Name	
Relationship	Title
Phone Number	Email
Company Name	
Company Address	City/State Zipcode

REFERENCE #2	
Full Name	
Relationship	Title
Phone Number	Email
Company Name	
Company Address	City/State Zipcode

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CAREFULLY READ THIS SECTION PRIOR TO HITTING SUBMIT.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete.

I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

Spoon River Partnership for Economic Development is committed to providing a safe and healthy work environment and to promote the health and well-being of their employees.

- I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.
- □ I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.
- □ I hereby acknowledge that I have read the above statements, understand them and agree with them.

THANK YOU!