

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 | | |
| ~ | | |
| | | |

| 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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| - | ate Zipco |

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!