

# Application for Employment

JEFFERSON NATIONAL PARKS ASSOCIATION

## PERSONAL INFORMATION

Name: ( LAST )	( FIRST )	( MIDDLE )	Date:
Present address: ( STREET )	( CITY )	( STATE )	( ZIP )
Permanent address: ( <i>if different than above</i> )			
Home phone number: ( )	Daytime or cell number: ( )		
Email address: <i>If related to anyone in our employ, please list name, department and relationship:</i>			
How did you hear about this position? <input type="checkbox"/> Website _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Agency _____ <input type="checkbox"/> Person _____ <input type="checkbox"/> Other _____			
During the last ten years, have you been convicted of a crime other than a minor traffic offense? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>*A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.</i>			
<b>If yes</b> , please describe your criminal conviction(s) including penalty(ies) imposed, the nature of your offense(s), and your rehabilitation since the conviction(s).			

## EMPLOYMENT DESIRED

Position:	Date you can start:	Salary desired:																								
Days and hours available: ( <i>How many hours are you available weekly?</i> )																										
<table border="1"> <thead> <tr> <th>DAY</th> <th>SUN</th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THURS</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TO:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			DAY	SUN	MON	TUES	WED	THURS	FRI	SAT	FROM:								TO:							
DAY	SUN	MON	TUES	WED	THURS	FRI	SAT																			
FROM:																										
TO:																										
Full-Time only <input type="checkbox"/> Part-Time only <input type="checkbox"/> Summer only <input type="checkbox"/> Full or Part-Time <input type="checkbox"/>																										
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>																										
Present Employer:	Phone number: ( )																									
Have you ever applied to, or worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> Position: _____ When? _____																										

## EDUCATION

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA / DEGREE
High School:			
College:			
Graduate or Post-graduate:			
Business, Trade, or Technical School:			

**FORMER EMPLOYERS** *List below your last four employers, beginning with the most recent*

DATE (MO/YR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVE
From:		Start: \$          per:	Job title:	
To:	Supervisor name: Phone number: (          )	Final: \$          per:	General Duties:	
From:		Start: \$          per:	Job title:	
To:	Supervisor name: Phone number: (          )	Final: \$          per:	General Duties:	
From:		Start: \$          per:	Job title:	
To:	Supervisor name: Phone number: (          )	Final: \$          per:	General Duties:	
From:		Start: \$          per:	Job title:	
To:	Supervisor name: Phone number: (          )	Final: \$          per:	General Duties:	

**OTHER QUALIFICATIONS** *Examples include special training, certificates, specific equipment, software programs, languages, volunteer or school activities.*


**REFERENCES** *Give the names of at least three persons not related to you who are familiar with your work/training.*

NAME	ADDRESS	PHONE NUMBER	YRS. ACQUAINTED

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal. Further, I understand that my employment is "at-will", for no definite period of time and may be terminated at any time at the sole discretion of Jefferson National Parks Association. I acknowledge that this application will remain active for 60 days from this date or when the position I am applying for is filled, whichever is first. If I have not heard from JNPA at the conclusion of this 60 day period, it is my responsibility to complete a new application if I still wish to be considered for employment. A resume may be added to this application, but does not substitute for completion of this form.

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

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