

FOREST LAKE ATHLETIC ASSOCIATION APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
street
city
state
zip

Telephone (____) _____ Cell (____) _____ Email _____

Are you over 18 years old? Yes No Are you authorized to work in the U.S. on an unrestricted basis? Yes No

POSITIONS APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

How did you learn of this opening? _____

Have you worked for Forest Lake Area Athletic Association before? Yes, as a _____ No

Shift preferred _____ Part-Time _____ Full Time _____

Are there any hours, shifts or days you cannot or will not work? _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our association?

(OVER)

WORK HISTORY

May we contact your present employer?

Yes No

Most Recent Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date _____ Applicant's Signature _____