



**FRIENDS OF SILVER LAKE NATURE CENTER
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Federal and State Laws prohibit discrimination in employment because of race, color, religion, age, sex, national origin, individual handicap, or veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

State law requires individuals under 18 years of age to provide an employment certificate from an authorized school district official.

DATE _____ Personal information

Last Name First Initial

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Home Telephone Number Email Address Current Driver's License State Operator #

U. S. Veteran Branch of Service Are you legally able to work in the United States?
 No Yes No Yes

Position Name Date you are available for employment

Emergency Contact Information - Name Work Phone Home Phone

Have you ever been convicted of a felony or misdemeanor? Please note that a record of conviction does not disqualify you from employment. Conviction of a crime that is related to the position applied for will be reviewed and all circumstances will be considered.

No Yes Explain details _____

The Friends of Silver Lake Nature Center is an equal opportunity employer. Qualified individuals with a disability must be able to perform the essential job functions and requirements with or without reasonable accommodation. The accommodation will be considered upon request. The Friends of Silver Lake Nature Center will not refuse to hire a disabled applicant who is capable of performing the essential requirements for the job with reasonable accommodation.

EDUCATION

Schools attended	Circle Highest Grade Completed	Did you Graduate?	Name and Location of School Last Attended
Elementary	1 2 3 4 5 6 7 8		
High School	9 10 11 12		

If you passed the General Education Development Test in lieu of High School graduation, indicate the following:

Issue Date of GED Certificate: _____ Issuing Agency _____

College, University, Business, Technical, Professional or Other Schools or Special Courses.

Name & Location	Credit Hours Earned	Did you Graduate	Degree Granted	Type Course or Major Subject

Skills: _____

Computer Software Proficiencies: _____

Given any special qualifications of skills not covered elsewhere, and date obtained if applicable, such as membership in professional or technical associations, licenses.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please check box if you do not wish your current employer to be contacted.

1	Employer	Telephone ()	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

EMPLOYMENT EXPERIENCE (continued)

3	Employer	Telephone ()	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
5	Employer	Telephone ()	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

Use This Section for Additional Information or Comments

How were you referred to the Friends of Silver Lake Nature Center? (Please check one)

Ad _____ Agency _____ Walk-In _____ Organization _____ Friend _____ Relative _____

Please read carefully and acknowledge the following statements by signing your name where designated.

I understand that my application does not guarantee employment or that I will be hired for employment.

I understand that my employment can be terminated at any time without cause and without prior notice.

I authorize investigation by the Friends of Silver Lake Nature Center of all statements contained in the application.

Furthermore, if required, I agree to take a physical examination at my own expense after an offer of employment at the direction of the prospective employer.

I recognize that the work with the Friends of Silver Lake Nature Center requires that I complete the necessary police background and child abuse checks. I agree to complete and submit the proper forms if I am hired.

I certify that all information given on this application, related papers or oral interviews is true and correct to the best of my knowledge. I understand that falsification of any part of this application is grounds for rejection from employment, or if employed, dismissal.

I understand that the Friends of Silver Lake Nature Center will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigations and the giving and receiving or any information requested by the Friends of Silver Lake Nature Center and release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired (or if hired, may subject me to immediate dismissal).

Date

Signature

Below This Line is for Office Use Only

PERSONAL REFERENCES

Please list a minimum of *three* references below:

#	NAME	OCCUPATION	ADDRESS	TELEPHONE
1.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
4.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
5.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

You are hereby authorized to contact any of the references listed.

Signature of Applicant

Date