

## An Equal Opportunity Employer

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

## Tobacco-free Campus

Employees may not smoke and/or use tobacco products on the campus of Penick Village at any time.

## PERSONAL INFORMATION

Name:

Email:

Phone Number:

Present Address:

Position Applied For:

Start Date:

Type of Employment Desired:

Full Time  Part Time  Temporary

Expected Pay Rate:

## EDUCATION

Type of School	Grade Completed	Degree?
Elementary/Middle	<input type="text"/>	<input type="checkbox"/>
High School	<input type="text"/>	<input type="checkbox"/>
Type of School	Year Completed	Degree?
College	<input type="text"/>	<input type="checkbox"/>
Post Graduate	<input type="text"/>	<input type="checkbox"/>

Describe relevant specialized or professional training (such as business, technical or nursing schooling)

Describe Office Skills:

Professional Licenses:

License Number:

Expiration Date:

Issued in what state:

## EMPLOYMENT HISTORY

Account for all periods of employment for the past 10 years, beginning with your present or last position and working back. An accurate description of your work in each position may be the determining factor in selecting you for employment or for promotion, transfer, or retention after employment.

Present or Last Employer:

Starting Date (Month/Year):

Ending Date (Month/Year):

Starting Salary:

Starting Job Title:

Description of Work Performed:

Reason for Leaving:

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Present or Last Employer:

Starting Date (Month/Year):

Ending Date (Month/Year):

Starting Salary:

Starting Job Title:

Description of Work Performed: Reason for Leaving:

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Present or Last Employer:

Starting Date (Month/Year): Ending Date (Month/Year):

Starting Salary: Starting Job Title:

Description of Work Performed: Reason for Leaving:

Have you applied for a job with us before?  Yes  No

Have you ever worked for us before?  Yes  No

Have you ever been bonded?  Yes  No

Have you ever been refused a bond?  Yes  No

If yes, state reason and date.

Have you ever been convicted of a violation of the law?  Yes  No

(A conviction will not necessarily disqualify you from employment.)  
If yes, state date, court and place where offense occurred.

Have you ever been discharged or requested to resign from a position?  
 Yes  No

If yes, please explain.

### Job Applicant's Agreement and Certification

By submission, I certify that the information given by me in this preliminary application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Penick Village and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Penick Village unless made in writing.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Penick Village retains the same right.

If I am offered employment by Penick Village, I understand that my employment is contingent upon the following:

- Pre-employment drug screen
- Criminal Background Investigation

I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.

I understand that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established procedures.

**SIGNATURE**

(please sign name below to indicate that you have read and understand the above statement)