

Alabama Lions Sight Conservation Association

Application for Employment

Personal Information			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.
CURRENT ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE
PRIMARY PHONE NO.	SECONDARY PHONE NO.	EMAIL	
Are you legally eligible or authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain nature of offense(s), dates, sentence(s), rehabilitation, etc:			
Employment Desired			
POSITION APPLYING FOR		DATE AVAILABLE	
DESIRED PAY		<input type="checkbox"/> PER HOUR <input type="checkbox"/> SALARY	REFERRED BY
EMPLOYMENT DESIRED		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> SEASONAL

Employment History (Most Recent First)				
EMPLOYER		POSITION	REASON FOR LEAVING	
START DATE	END DATE	<input type="checkbox"/> CURRENTLY EMPLOYED HERE		PAY RATE
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		CONTACT INFORMATION (PHONE OR EMAIL)
EMPLOYER		POSITION	REASON FOR LEAVING	
START DATE	END DATE	<input type="checkbox"/> CURRENTLY EMPLOYED HERE		PAY RATE
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		CONTACT INFORMATION (PHONE OR EMAIL)

Education History

HIGH SCHOOL	CITY	STATE	<input type="checkbox"/> GRADUATED
TRADE SCHOOL	CITY	STATE	<input type="checkbox"/> GRADUATED
COLLEGE	CITY	STATE	<input type="checkbox"/> GRADUATED
GRADUATE SCHOOL	CITY	STATE	<input type="checkbox"/> GRADUATED

Professional References

NAME	COMPANY AND POSITION	CONTACT INFORMATION (PHONE OR EMAIL)
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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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