

**MT OLYMPUS IMPROVEMENT DISTRICT
JOB APPLICATION**

1. PERSONAL INFORMATION

Name: _____ Date: _____
Complete Address: _____
Phone: _____ Social Security Number: _____
(Use additional sheets for any explanations you may wish to give about answers given below)

2. WORK PREFERENCE

Kind of work desired: _____ Salary or pay you expect: _____
Describe your prior experience in the kind of work that you want: _____
Describe any formal schooling or training you have for this work: _____
List any licenses, security or bonding clearance or certificates that you have: _____
Office skills (typing, machine operation, computer programs): _____
Referral Source: Friend _____ Relative _____ Employment Agency _____
Other _____ (Please state the name of the agency or individual): _____

3. AVAILABILITY FOR WORK

Date available for work: _____, Full time _____ Part time _____ Temporary _____
Shifts or times that you will work: Days _____ Evenings _____ Graveyards _____
Rotating _____ Weekends _____ Holidays _____
Will you work daily overtime on occasion, if necessary? Yes _____ No _____
Will you work extra days in the week if necessary? Yes _____ No _____
Do you want to work elsewhere or attend school while working here? Yes _____ No _____
Do you have any continuing military obligations, such as
Guard or Reserves, which may affect your work schedule? Yes _____ No _____

4. PRESENT EMPLOYMENT

Are you presently employed? Yes _____ No _____
Do you authorize us to contact your present employer as a reference? Yes _____ No _____
How much advance notice do you wish to give to your present employer? _____

5. PERSONAL HEALTH

If offered a position with Mt. Olympus Improvement District, your employment may be conditioned upon the results of a medical examination, drug tests, and/or job related physical ability tests.

6. PRIOR EVENTS

Have you earned any pension or retirement credits, other than Social Security, in any prior employment? Yes _____ No _____
Have you ever worked for this agency before? Yes _____ No _____
Do you have any friends or relatives working for Mt. Olympus Improvement District? Yes _____ No _____

Do you authorize us to contact your previous employer(s) for references? Yes _____ No _____
Have you ever been terminated by a previous employer(s)? Yes _____ No _____
What are your hobbies or interests? _____

7. EDUCATION AND TRAINING**High School**

Name of last High School attended: _____
Address of last High School attended: _____
Date last attended: _____ Please circle highest year completed: K 1 2 3 4 5 6 7 8 9 10 11 12
Did you graduate? Yes _____ No _____
What was your grade point average? _____ on scale of 1 to _____

College or University

Name of last College or University attended: _____
Address of last College or University attended: _____
Date last attended: _____ What was your major in? _____
Did you graduate? Yes _____ No _____
What was your grade point average? _____ on a scale of 1 to _____
Please circle the highest year of education that you have completed: 13 14 15 16 17 18 19 20
What degree did you receive? Bachelors _____ Masters _____ Doctorate _____

Other Schools (Trade, Correspondence, etc.).

Name of School attended: _____
Address of School attended: _____
Date last attended: _____ What was your major in? _____
Did you graduate? Yes _____ No _____
What degree did you receive? _____

8. EMPLOYMENT HISTORY

Present Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment From: _____ To: _____
Main Duties: _____
Wages or Salary: Starting: _____ Ending: _____
Reason(s) for Leaving: _____
Previous Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment. From: _____ To: _____
Duties: _____
Wages or Salary. Starting _____ Ending: _____
Reason(s) for Leaving: _____
Next Previous Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Dates of Employment. From: _____ To: _____
Main Duties: _____
Wages or Salary. Starting: _____ Ending: _____
Reason(s) for Leaving: _____

9. CERTIFICATE OF APPLICATION

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.

Signature of Applicant

Printed Name of Applicant

Date