

First Unitarian Society of Ithaca Employment Application

Please note that all successful candidates who are offered a position at the First Unitarian Society of Ithaca will be subject to a background check and the offer will be conditional upon a positive outcome.

APPLICANT INFORMATION

NAME (Last)	(First)	(Middle)	Date
Street Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	Email Address
Position Being Applied For	Type of Work Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary		
When Are You Available to Begin Work?	Will You Work Overtime?		
If hired, can you provide evidence that you are authorized and of legal age to work in the United States?			
In Case of Emergency Notify:	Telephone	Nearest Relative:	Telephone

EDUCATION

TYPE	SCHOOL NAME/ LOCATION	COURSE OF STUDY	NO YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed (most recent)
CPR Training? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed (most recent)

EMPLOYERS

(List all jobs and contracts held by you during the last five continuous years)

CURRENT EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Serves? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End date
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Service	Draft Status	Reserve Status	

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or on parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state that it occurred.

PERSONAL REFERENCES

Name	Address	Telephone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I will review and fully complete the Authorization for Criminal Records Verification and Fingerprint Information if I am hired and I acknowledge that my employment is conditional upon a positive outcome. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date