

Pioneer Trails Regional Planning Commission Employment Application Form

PLEASE PRINT/TYPE ALL INFORMATION REQUESTED
EXCEPT SIGNATURE

BY SIGNING THIS I ACKNOWLEDGE UNDERSTANDING THAT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date: _____

Name

Last First Middle Maiden

Present
address:

Number Street City State Zip Code

Duration of Residence: _____

Social Security
No. _____

Telephone: () - _____

Position applying for:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) committed, sentence(s) imposed and type(s).

By signing, I attest that all the statements made in this application are true and accurate to the best of my knowledge and I acknowledge that false statements made in the application may become cause for disqualification or dismissal. I acknowledge understanding that applicant may be tested for illegal drugs.

Applicant
Signature: _____

Date: _____

Pioneer Trails Regional Planning Commission

APPLICATION FOR EMPLOYMENT

Please list three references other than relatives or previous employers.

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Pioneer Trails Regional Planning Commission

APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer:	Name of Last Supervisor	Employment dates	Pay or salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer:	Name of Last Supervisor	Employment dates	Pay or salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

Work Experience (continued)

Name of Employer:	Name of Last Supervisor	Employment dates	Pay or salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer:	Name of Last Supervisor	Employment dates	Pay or salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? **Yes** No

Did you complete this application yourself **Yes** No

If not, who did? _____