



APPLICATION FOR EMPLOYMENT

EOE

EMPLOYMENT APPLICATION

(Please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Position Desired: _____

Are you able to legally work in the United States? Yes__ No__

Have you ever been convicted of a felony or a non-traffic misdemeanor? Yes__ No__

If yes, please explain: _____

Education:

High School: _____ Graduate? Yes__ No__

Business/Trade School: _____

Graduate? Yes__ No__ Field: _____

College: _____

Graduate? Yes__ No__ Degree: _____

Graduate School: _____

Graduate? Yes__ No__ Degree: _____

Additional Certificates or Training: _____

Previous Employment: (Please begin with most recent position and list all of your last six employers)

Company #1: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

Company #2: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

Company #3: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

Company #4: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

Company #5: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

Company #6: _____

Address: _____ City: _____

State: _____ Zip: _____ Nature of Business: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____ Ending Salary: _____

Last Position Held: _____ Reason for Leaving: _____

References:

Please furnish the name, address and phone number of three people whom you have known at least one year and are not related to.

#1

Name: _____ Phone: _____

Address: _____

Position/Company: _____

#2

Name: _____ Phone: _____

Address: _____

Position/Company: _____

#3

Name: _____ Phone: _____

Address: _____

Position/Company: _____

How did you find out about us? _____

Do you have any relatives who work for BHRC? Yes ___ No ___

If so, what are their names and relationship? _____

Summarize any special skills or qualifications that you possess: _____

List the skills that you feel best suit you for the position you are applying for:

EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, concealment, or failure to answer any question fully, completely, and accurately will be grounds for refusing to hire me or terminating my employment irrespective of when the information is discovered.

I authorize Buckeye Hills Regional Council or any of its agents, at any time prior to or during my employment, to: a) investigate my references; b) communicate with my former employers; c) conduct an independent investigation of my character, conduct and employment record, including, without limitation, a criminal background check and/or request a credit report and/or request an investigative background credit report. I understand that the results of the investigation, the investigative consumer report or background checks may be kept and preserved. Additionally, I release all parties from all liability for any damage that may result from furnishing information to Buckeye Hills Regional Council or its agent. I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release form shall be valid as the original. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency.

In consideration for my employment, I agree to abide by the rules and regulations of Buckeye Hills Regional Council, whose rules may be changed, withdrawn, added or interpreted at any time, at the Organization's sole option and without prior notice to me.

I understand that all employees of the Organization are employees at will and that if employed, my employment with the Organization may be terminated at any time with or without reason or notice. Nothing contained in documentation provided to me as an employee is intended to limit, modify, change, or amend the at will nature of employment with the Organization. Any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for any specific period of time.

Signature of Applicant

Date

How did you hear about this position opening?

Newspaper Ad ___ Website ___ Employee Referral ___ Other _____

Buckeye Hills Regional Council is an Equal Opportunity Employer

Office - The following page is a voluntary disclosure form and if completed it should not be attached to this application when given to the interviewer.

VOLUNTARY APPLICANT FLOW
EEO INFORMATION FORM

Buckeye Hills Regional Council is a government contractor and as such is required to keep information concerning applicants for employment in conjunction with its affirmative action plan. The purpose for this EEO information form is to comply with these government data requirements. **DO NOT PLACE YOUR NAME ON THIS FORM.**

The completion of this EEO Information Form is strictly voluntary on your part. If you choose to complete the information below please rest assured that this information will not be used in any way in the employment interview process. Your interviewers will not see this form as it will be sent to our Human Resources department for applicant flow tracking purposes only. Please tear off this page and hand it separately to the receptionist (regardless of whether you fill it out or not).

APPLICANT FLOW INFORMATION

(Please Print)

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

GENDER: FEMALE ___ MALE ___

AGE: UNDER 40 ___ 40 OR HIGHER ___

ETHNIC ORIGIN (please check one of the following):

___ Hispanic or Latino ___ Black or African American ___ Asian

___ Native Hawaiian (Pacific Islander) ___ Two or more races ___ White

___ Pacific Islander

THANK YOU FOR YOUR VOLUNTARY PARTICPATION IN OUR APPLICANT FLOW PROCESS.