

# APPLICATION FOR EMPLOYMENT

(Valid only for 90 days)

Position(s) applied for: \_\_\_\_\_ Salary required: \_\_\_\_\_

**Please answer all questions. Résumés are not accepted in lieu of completion of this application. Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.**

LAST NAME (PLEASE PRINT OR TYPE)	FIRST	MIDDLE	DATE
PRESENT ADDRESS STREET	CITY/STATE	ZIPCODE	TELEPHONE NUMBER

Are you a U.S. Citizen, U.S. National, lawful permanent resident, lawful temporary resident or applicant therefore, asylee, or refugee? (The term "lawful temporary resident" does not refer to non-immigrants holding short-term Visas issued by the U.S. Consulates abroad, such as B, F, or H-1B Visas.)  Yes  No

If **No**, please state your current non-immigrant status: \_\_\_\_\_

If **No**, please also provide the date when this status expires, if any: \_\_\_\_\_

Have you been convicted of any crime?  Yes  No

If **Yes**, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment. \_\_\_\_\_

Are you over 18 years of age?  Yes  No If **No**, state your age for child labor purposes. \_\_\_\_\_

## EDUCATIONAL DATA

School	Print or Type Name, Number, Street Address, City, State, and Zip Code of Each School	No. of Years Completed	Degree	Major Course of Study
High School			<input type="checkbox"/> Diploma or <input type="checkbox"/> GED	
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other, Specialized Training				

Other Skills: List any other job-related skills, qualifications, honors received, or licenses that support your application.

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Membership in organization/professional groups that, in your opinion, have a direct bearing on the position you are seeking.

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## EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

1.

<b>EMPLOYER</b>		<b>FROM</b>		<b>TO</b>		<b>WORK PERFORMED</b>
<b>ADDRESS</b>						
<b>JOB TITLE</b>		<b>SALARY</b>				
		<b>START</b>		<b>FINAL</b>		
<b>SUPERVISOR</b>	<b>CONTACT PHONE NUMBER</b>					
<b>REASON FOR LEAVING</b>						
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

2.

<b>EMPLOYER</b>		<b>FROM</b>		<b>TO</b>		<b>WORK PERFORMED</b>
<b>ADDRESS</b>						
<b>JOB TITLE</b>		<b>SALARY</b>				
		<b>START</b>		<b>FINAL</b>		
<b>SUPERVISOR</b>	<b>CONTACT PHONE NUMBER</b>					
<b>REASON FOR LEAVING</b>						
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

3.

<b>EMPLOYER</b>		<b>FROM</b>		<b>TO</b>		<b>WORK PERFORMED</b>
<b>ADDRESS</b>						
<b>JOB TITLE</b>		<b>SALARY</b>				
		<b>START</b>		<b>FINAL</b>		
<b>SUPERVISOR</b>	<b>CONTACT PHONE NUMBER</b>					
<b>REASON FOR LEAVING</b>						
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

4.

<b>EMPLOYER</b>		<b>FROM</b>		<b>TO</b>		<b>WORK PERFORMED</b>
<b>ADDRESS</b>						
<b>JOB TITLE</b>		<b>SALARY</b>				
		<b>START</b>		<b>FINAL</b>		
<b>SUPERVISOR</b>	<b>CONTACT PHONE NUMBER</b>					
<b>REASON FOR LEAVING</b>						
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Have you been dismissed or forced to resign from any employment?  Yes  No If **Yes**, please explain.

Are you currently employed?  Yes  No Are you on layoff and subject to recall?  Yes  No

May we contact your present employer?  Yes  No Previous employers?  Yes  No

Please identify any exceptions and reasons for not contacting prior employers:

Are there any hours, shifts, or days you will not work?  Yes  No If **Yes**, please explain.

Will you work overtime if needed?  Yes  No

Do you have any friends or relatives who work here?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List below any other information or remarks that you wish to have considered as a part of your application for employment.

How did you learn about career opportunities at **Tri-State (Funeral Directors') Answering Service**? (Check all that apply)

Referral \_\_\_\_\_ (NAME OF PERSON WHO REFERRED YOU)  Temporary Service \_\_\_\_\_ (NAME OF SERVICE)

Newspaper \_\_\_\_\_ (NAME OF NEWSPAPER)  Employment Agency \_\_\_\_\_ (NAME OF AGENCY)

Internet \_\_\_\_\_ (WEBSITE)  Other \_\_\_\_\_ (PLEASE EXPLAIN)

Have you been interviewed here before?  Yes  No If **Yes**, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If **Yes**, give dates: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

Date available to start employment: \_\_\_\_\_

## NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

### PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

\_\_\_\_\_ (Applicant's initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the company with or without notice of either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the company's president.

\_\_\_\_\_ (Applicant's initials)

I certify that all information given on this employment application; any résumé that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand the will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I release from liability all persons who provide information to my employer during the course of any such investigation.

\_\_\_\_\_ (Applicant's initials)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
(PLEASE PRINT NAME OR TYPE)

\_\_\_\_\_  
DATE