

BARTLETT CO-OP APPLICATION FOR EMPLOYMENT



Name (in full) _____

Address _____
 Number Street City State Zip Code

Phone (Home) (____) _____ Phone (Business) (____) _____

GENERAL INFORMATION

Social Security Number _____ For what position are you applying? _____ Income Expected _____

Who or what prompted you to apply for work here? _____

Have you ever worked for this company? Yes ____ No ____ If Yes, When? Where?

Name(s) of relatives employed at this company (Please specify relationship) _____

Are you at least 18 years? Yes ____ No ____

Do you have a valid driver's license? Yes ____ No ____ Type _____

EDUCATION

Training	Name of School	City and State	Type of Courses	Circle Last Year Completed	G.P.A.	Did you Graduate?
High School				Years 9 10 11 12		
Business School						
College or Univ.						Degree Received
Additional Schooling						

MILITARY

Branch of Service _____ Date Entered _____ Date of Discharge _____

Rank at Discharge _____ Major Duties _____

Special Recognition or Achievements _____

SPECIAL SKILLS

CRT Office or EDP Machines _____

Typing _____ WPM Computer Languages/Skills _____

Shorthand _____ WPM Other Skills _____



EMPLOYMENT RECORD

Dates of Employment	Employer Name and Address	Phone (with area code)	Salary/Wage		Reason For Leaving
			Start	Final	
			Start	Final	
			Start	Final	
			Start	Final	

May we contact your present employer? Yes _____ No _____

Have you ever been convicted of a felony or a crime involving a fraudulent or dishonest act? No _____ Yes _____ If "Yes", explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. Employment is conditional upon meeting the eligibility requirements for the Employee Fidelity bond.

References: Give three personal references not related to you that have known you for at least one year.

Name	Address	Years acquainted	Business	Phone (with area code)

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

NOTICE: I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application and all other employment forms, will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand no supervisor or representative of this company, other than the General Manager of this company, has the authority to make any representation for employment for any specified period of time, or to make any representations contrary to the foregoing. The policies, procedures and statements contained on this application do not imply, create, or constitute an employment contract.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand as an applicant that this is a drug free workplace and I may be asked to submit, and must pass, a drug test prior and/or during employment. I understand my employment may be subject to a job-related medical screening examination.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Date _____

Signature _____