

THE SUMMIT LIGHTHOUSE

Application for Employment for Keepers of the Flame

Date:_____

Position you are applying for:_____

Applicant Full Name			
Mailing Address			
City/State/Zip			
E-mail address if available			
Phone no. where you can be contacted			
Best time to contact you			
Date you joined the K.O.F. Fraternity			
Social Security Number			
Type of employment desired?	<input type="checkbox"/> Full-time <input type="checkbox"/> 30 hrs <input type="checkbox"/> 20 hrs		
What is your desired salary range?			
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime in the last 7 years? (A conviction will not automatically bar employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Please provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Please complete this section even if you attach a resume.

Employer	
Address & phone	
Dates employed	
Position and wage rate	
Reason for leaving	

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Please list education and/or training

School or course	Major	Years Completed	Degree/ Diploma

Please list the skills and qualifications, including any job related training, licenses or certificates, that you will bring to this position:

List any special accomplishments, publications, awards etc. (exclude memberships that would reveal race, color, sex, national origin, age or any other similarly protected status).

Please explain why you would like this position and what you hope to achieve if selected for the position:

What additional training do you believe you would need to be successful in this job?

When would you be available to start work?

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of years known
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	()	
	()	

Applicant Statement:

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers and educational institutions. 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 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 that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

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 person's need for a reasonable accommodation as required by the ADA.

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.

Applicant signature: _____ Date: _____