SPENCER Application for Employment

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, age (over 40), sex marital status, or physical handicap.

PLEASE TYPE OR PRINT IN INK	Date 20			
Name	Social Security No			
Street	How Long?			
City	State/ZIP			
Day phone	Home phone			
Previous address	How Long?			
Position for which you are applying				
Check the following options you would consider 🛛 Full Time 🖓 Part Time 🖓 Temporary? If part time, specify hours of days:				

What is your minimum salary requirement? ____

Date available to work? _____

Do you have any commitments to another employer that might affect your employment with us? ____

EDUCATION AND TRAINING

School	Print Name, City and State	Degree/Major/Course of Study	Years/From-To
High School			
College			
Graduate School			
Trade School			

List any other education, training, special skills or certificates/licenses that you possess related to this job

Do you have a valid driver's license in this state? □ Yes □ No Military Experience? □ Yes □ No If yes, what branch?

Dates of duty	(from)
---------------	--------

_____ to _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? □ Yes □ No If not a citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.? □ Yes □ No Are you between the ages of 18 and 70? □ Yes □ No If minor, state age _____ Were you previously employed by this organization? □ Yes □ No Dates _____

List any relatives working for this organization ____

Have you ever been convicted of a felony or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years (conviction will not necessarily disqualify an applicant).

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
		OTATE	710
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT?	WAS EMPLOYMENT		
BRIEF DESCRIPTION OF DUTIES	□ PART TIME	FULL TIME	
REASON FOR LEAVING	LAST SALARY		
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
ADDRESS	CIT	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT?	WAS EMPLOYMENT		
BRIEF DESCRIPTION OF DUTIES	PART TIME	FULL TIME	
REASON FOR LEAVING	LAST SALARY		
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT?	WAS EMPLOYMENT		
BRIEF DESCRIPTION OF DUTIES	PART TIME		
REASON FOR LEAVING	LAST SALARY		
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT?	WAS EMPLOYMENT		
BRIEF DESCRIPTION OF DUTIES	□ PART TIME	□ FULL TIME	
REASON FOR LEAVING	LAST SALARY		

Phone

Telephone ____

REFERENCES

List three-not employers or relatives-known to you for at least three years

Name and address

1	·
2	
3	

Occupation

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name

Address_

OTHER INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, honors received, etc. (You may excuse all information indicative of age, sex, race, religion, color, national origin, or handicap.

AGREEMENT (*Please read the following statements carefully.*)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, credit bureaus, present and former landlords, financial institutions, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

FORM TSC-1300