

APPLICATION FOR EMPLOYMENT

The Wabash Valley Community Foundation Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Wabash Valley Community Foundation Inc. will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please print and answer all questions

GENERAL INFORMATION

Position sought: _____ Date: _____

Name: _____ Social Security #: _____

Present Address: _____
Street City State Zip

Telephone No. (_____) _____
Area Code

If you have resided at your present address less than three years, list your prior address:

Prior Address: _____
Street City State Zip

Have you ever been convicted of or pled guilty to a crime? Yes No
(Conviction or plea will not necessarily disqualify applicant from employment)

If yes, please state when, where and final outcome: _____

Are you available to work: Full Time Part-Time Temporary

Are you available to work overtime when necessary on:

Weekdays Yes No *Saturdays* Yes No *Sundays* Yes No

When are you available to start work at the Wabash Valley Community Foundation Inc.? _____

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No

Have you filed an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **Do not omit any employment.**

Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
Address	From	
	To	
Telephone ()		
Job Title		
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
Address	From	
	To	
Telephone ()		
Job Title		
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
Address	From	
	To	
Telephone ()		
Job Title		
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
Address	From	
	To	
Telephone ()		
Job Title		
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
Address	From	
	To	
Telephone ()		
Job Title		
Immediate Supervisor		

(If you need additional space, please continue on a separate sheet of paper.)

May we contact the employers listed above? Yes No If no, indicate which one(s) you do NOT wish us to contact, and state the reason why. _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please state the employer and dates of employment. _____

(over please)

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in termination.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including **the Wabash Valley Community Foundation Inc.**, personal references, and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action **the Wabash Valley Community Foundation Inc.** takes on the basis of such information.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by **the Wabash Valley Community Foundation Inc.** or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other firm material do not create any guarantee of employment and that **the Wabash Valley Community Foundation Inc.** has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law.

Date

Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER SIX MONTHS