



DON HARRINGTON

DISCOVERY CENTER

Application for Employment

Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address (include City, State, Zip)		
Telephone Number(s)	Social Security Number	
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us? (If yes, give date _____) Yes No

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

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

If yes, please explain: _____

Can you travel if the job requires it? Yes No

Are you available to work: Full Time Part Time Temporary

Days of the week you can work: Mon Tues Wed Thurs Fri Sat Sun

Hours you are available (be as specific as possible): _____

On what date would you be available for work? _____

Education

	Name and Address of School <i>(City, State)</i>	Years Completed	Diploma or Degree	Course of Study
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate below any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe below and specialized training, apprenticeship, skills and extra-curricular activities.

Describe below any job-related training received in the United States Military.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please complete even if attaching a resume.

Employer Name/Address <i>(City/State)</i>		Dates Employed		Work Performed
		From	To	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor		Reason for Leaving <i>(if applicable)</i>	

Employer Name/Address <i>(City/State)</i>		Dates Employed		Work Performed
		From	To	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor		Reason for Leaving <i>(if applicable)</i>	

Employer Name/Address <i>(City/State)</i>		Dates Employed		Work Performed
		From	To	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor		Reason for Leaving <i>(if applicable)</i>	

Employer Name/Address <i>(City/State)</i>		Dates Employed		Work Performed
		From	To	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor		Reason for Leaving <i>(if applicable)</i>	

List below any professional, trade, business or civic activities and any offices held.

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: List all computer equipment and software you are proficient in using.

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

References *(personal and professional):*

Name/Address <i>(City, State, Zip)</i>	Telephone	Relationship to Applicant
Name/Address <i>(City, State, Zip)</i>	Telephone	Relationship to Applicant
Name/Address <i>(City, State, Zip)</i>	Telephone	Relationship to Applicant

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes Interview Date _____

Remarks _____

Interviewed By: _____

Interview Notes _____

Employed Yes No Start Date _____

Job Title _____ Department _____

Starting Salary/Hourly Rate _____

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.

I will hold no person liable for giving or receiving information in this investigation. I hereby authorize the Don Harrington Discovery Center and any authorized conducting agent to make a thorough check of my past Employment, Education, and activities. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify the Don Harrington Discovery Center and any authorized agent against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT

Last Name

First Name

Middle

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth (mm/dd/yyyy)

Other Names, Maiden/Married

DL Number

ST

Signature

Date