

BARREN RIVER



AREA DEVELOPMENT DISTRICT

APPLICATION FOR EMPLOYMENT

This agency complies with the Equal Employment Opportunity Act of 1972 and all federal, state and local laws and Executive Orders governing fair employment practices. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, disability, sexual orientation and gender.

POSITION (S) APPLIED FOR _____

REFERRAL SOURCE: How did you hear about this position?

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____
Street City State Zip

PHONE _____ Date of Birth: _____/_____/_____

Are you at least 18 years of age? Yes No

GIVE ANY OTHER NAME BY WHICH KNOWN _____

Are you legally eligible for employment in the United States? Yes NO (Proof of U.S. Citizenship or Immigration Status will be required upon employment).

Have you been convicted of a felony in the last seven (7) years? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment).

If Yes, please explain: _____

EDUCATION

High School _____ Year Graduated _____

College (s) _____ Year Graduated _____

Degrees Awarded _____

College(s) _____ Year Graduated _____

Degrees Awarded _____

Technical Training _____
(School/Program)

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? ____ Yes ____ No
IF YES, LIST NAME(S) _____

DO YOU OWN AN AUTOMOBILE ____ Yes ____ No

CAN YOU ATTEND NIGHT MEETINGS ____ Yes ____ No

GIVE NAME, E-MAIL ADDRESS AND PHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU

LIST EACH JOB HELD. START WITH YOUR PRESENT OR LAST JOB. YOU MAY USE ADDITIONAL PAPER AS NECESSARY.

Employer	Dates	
	From	To
Address		
Job Title	<u>Hrly. Rate/Salary</u>	
	Start	Final
Reason for Leaving		

Employer	<u>Dates</u>	
	From	To
Address		
Job Title	<u>Hrly. Rate/Salary</u>	
	Start	Final
Reason for Leaving		

Employer	<u>Dates</u>	
	From	To
Address		
Job Title	<u>Hrly. Rate/Salary</u>	
	Start	Final
Reason for Leaving		

LIST TRADE, PROFESSIONAL OR CIVIC ORGANIZATIONS OR ASSOCIATIONS OF WHICH YOU ARE A MEMBER, INCLUDING OFFICES HELD.

SUMMARIZE SPECIAL SKILLS OR QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES.

PLEASE READ CAREFULLY AND CHECK THE CORRESPONDING BOX.

STATEMENT OF UNDERSTANDING, AGREEMENT, AND CERTIFICATION

- I certify that all the information provided herein is true and complete to the best of my knowledge.
- I understand and agree that this application must be complete, signed, and dated to receive employment consideration. I understand that false, omitted, or misleading information given in this application or interview(s) may result in my being disqualified for employment or, if hired, terminated from employment.
- I authorize Barren River Area Development District to make such investigations and inquiries of my person, employment, and other related matters as may be necessary in arriving at an employment decision or during subsequent processing. I hereby release employers, schools, and persons from all liability in connection with my application.
- I understand and agree that if I am employed, my employment will be on an at-will basis and will not be for a definite period of time. I am free to resign my employment at any time, and Barren River Area Development District retains the same right and may terminate my employment at any time with or without notice and with or without cause.
- I understand that Barren River Area Development District is an equal opportunity employer. Barren River Area Development District does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Barren River Area Development District and still wish to be considered for employment, it will be necessary for me to fill out a new application.
- Limitation on Claims: I agree that any claim or suit against Barren River Area Development District arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

By checking the corresponding box above and by signing below, I certify that I have read, understand, and agree with all the statements above.

Signature of Applicant

Date