

## Application for Employment

*If you need help completing this application, please request assistance*

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name	First Name	Middle Initial
Street Address	City	State/Zip Code
Telephone Number	E-mail Address	Employment Type
		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>

Referral Source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Other \_\_\_\_\_

Have You Been Previously Employed By Us?  Yes  No

Date Available for Work \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Legally Authorized to Work in the United States?  Yes  No

*Pursuant to federal law, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You will also be required to complete Form I-9 (issued by the federal government) verifying, under oath, your employment authorization and identity.*

Are You Eighteen Years of Age or Older?  Yes  No If no, do you have necessary permits to work?  Yes  No

EMPLOYMENT HISTORY	
From: _____ To: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Company/Organization Name    Phone Number  Street Address                      City                      State    Zip Code
Position Held:	Describe the Work You Performed:
Supervisor's Name and Title:	Reason for Leaving:
Last Rate of Pay:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____ To: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Company/Organization Name    Phone Number  Street Address                      City                      State    Zip Code
Position Held:	Describe the Work You Performed:
Supervisor's Name and Title:	Reason for Leaving:
Last Rate of Pay:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

RELEVANT EXPERIENCE		
<i>Please list any experience related to the applying position.</i>		

EDUCATION	Name & Location	No. of Years Attended	Did You Graduate?	Courses of Study
High School				
College				
Other				

List any Job-Related Courses, Extracurricular Activities, Honors, Research Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

U.S. MILITARY SERVICE		
Branch of Service	Rank	Dates

REFERENCES			
<i>Please do not use relatives as references.</i>			
Name	Contact Information	Relationship	Years Known

APPLICANT'S CERTIFICATION
<i>Please read carefully before signing.</i>

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or in interviews may be grounds for dismissal. I authorize investigation of all statements contained herein, including references listed above. I understand that this application is not a contract or offer of employment. If hired, I agree to abide by all of Buffalo Olmsted Parks Conservancy's policies and regulations. I further understand that if employed, my employment is on an at-will basis. I am free to terminate my employment at any time for any reason. Similarly, Buffalo Olmsted Parks Conservancy is free to terminate our employment relationship at any time without notice.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Buffalo Olmsted Parks Conservancy assures equal employment opportunity to all applicants without regard to their race, color, religion, creed, gender, age, national origin or ancestry, citizenship, veteran status, physical or mental disability, genetic predisposition or carrier status, marital status, sexual orientation, or any other personal characteristic protected by federal, state, or local law.*