



APPLICATION FOR EMPLOYMENT

LAST NAME FIRST NAME MI

ADDRESS CITY STATE ZIP

CONTACT INFO: HOME CELL WORK

CURRENTLY EMPLOYED? IF YES, MAY WE CONTACT YOUR EMPLOYER

SOCIAL SECURITY NUMBER DOB

EDUCATION - DEGREES, DATES OF GRADUATION

CURRENT POSITION - COMPANY AND TITLE

DATES OF EMPLOYMENT:

WHAT POSITION DID YOU REPORT TO?

CONTACT NAME AND PHONE

WHAT POSITIONS REPORTED TO YOU

SCOPE OF RESPONSIBILITY

ACCOMPLISHMENTS _____

REASON FOR LEAVING _____

PRIOR POSITION - COMPANY AND TITLE _____

DATES OF EMPLOYMENT: _____

WHAT POSITION DID YOU REPORT TO? _____

CONTACT NAME AND PHONE _____

WHAT POSITIONS REPORTED TO YOU _____

SCOPE OF RESPONSIBILITY _____

ACCOMPLISHMENTS _____

REASON FOR LEAVING _____

PRIOR POSITION - COMPANY AND TITLE _____

DATES OF EMPLOYMENT: _____

WHAT POSITION DID YOU REPORT TO? _____

CONTACT NAME AND PHONE _____

WHAT POSITIONS REPORTED TO YOU _____

SCOPE OF RESPONSIBILITY _____

ACCOMPLISHMENTS _____

REASON FOR LEAVING _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

WHAT IS YOUR UNDERSTANDING OF THIS POSITION? _____

WHY ARE YOU INTERESTED? _____

WHY ARE YOU QUALIFIED? _____

WHAT ARE YOUR CONCERNS? _____

WHEN COULD YOU BE AVAILABLE TO START _____

It is the policy of Useppa Island to do full background checks, references and drug testing which dictates the following questions be answered by all potential candidates.

Have you ever been convicted of any crime? _____

If so, please indicate the crime, county and dates _____

Have you taken illegal drugs? If yes, please indicate when? _____

Have you ever been terminated or forced to resign. If yes, explain _____

Useppa Island appreciates the time and effort you have invested in this process. Please sign to affirm that the above information is correct and that you agree to participate in initial and random drug and background screening.

Date: _____ Signature _____