

District Three Governmental Cooperative APPLICATION FOR EMPLOYMENT

(Additional pages may be attached as needed)

District Three Governmental Cooperative is an Equal Opportunity Employer and does not discriminate against applicants or employee on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). District Three Governmental Cooperative does not discriminate against qualified individuals with disabilities.

1. Name _____ 2. Social Security No. _____
Last First Middle

3. Present Address _____
Street or Box Number City/Town State Zip

4. Phone Number _____ 5. Date Available _____

6. Position(s) Applied for _____

7. Have you applied to work with us before? _____ If so, when? _____
Were you previously employed by us? _____ If so, when? _____

8. Educational institutions attended:

Name and Location	Diploma or Degree	Course of Study/ Major
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

9. Employment Experience: _____ May we contact your current employer? _____

Starting with the current or most recent, describe all paid and applicable voluntary experience.

(1) _____	_____	_____	_____	_____	_____	_____	_____	_____
Job Title	Employer	Address	Dates (from - to)	Immediate Supervisor	Reason for leaving	Salary start	Highest salary	Equipment operated
Description of job								
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____
Job Title	Employer	Address	Dates (from - to)	Immediate Supervisor	Reason for leaving	Salary start	Highest salary	Equipment operated
Description of job								
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____
Job Title	Employer	Address	Dates (from - to)	Immediate Supervisor	Reason for leaving	Salary start	Highest salary	Equipment operated
Description of job								
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____
Job Title	Employer	Address	Dates (from - to)	Immediate Supervisor	Reason for leaving	Salary start	Highest salary	Equipment operated
Description of job								

10. List any special skills, training, achievements, licenses and/or certifications

11. List office equipment operated and level of proficiency

12. List names and addresses of three persons who know your qualifications

Name	Address	Phone	Relationship
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

13. Have you ever been convicted for any violation(s) of law, including moving traffic violations or juvenile convictions after your 14th birthday? yes no If yes, describe the offense(s). Conviction of a violation will not bar someone from employment, but many positions with this employer are covered under a state law that bars from employment anyone who has been convicted of a "barrier crime."

14. Based on the job description, can you perform the essential functions of the job for which you have applied?

yes no

15. Are you legally eligible to work in the United States? yes no (verification required)

16. Is any member of your immediate family or household currently employed by this agency?

yes no If yes, note employee and relationship:

17. Please note any additional information you believe may be useful to us in evaluating your application for employment:

18. Certification and Authorization – Please read thoughtfully: I certify that all entries on this application are true and complete and acknowledge that the employer is relying on the accuracy of the information provided. I authorize the employer to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the employer. I also authorize the employer to give references and provide information about me in response to inquiries subsequent to my employment, if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages be terminated at any time without previous notice and with or without reason, at the will of either myself or the employer. I also understand and agree that no one has the authority to promise me job security or continued employment, except the Executive Director in a formal written agreement signed by both of us.

Date _____ Applicant Signature _____

Optional: The Older Americans Act provides for preference for applicants age 60 or older for positions with Area Agencies on Aging. Also, training and work experience services can be provided to low-income individuals age 55 and older. If you wish to be given this consideration, you may indicate your date of birth: _____
