

Application for Employment - - Inland Northwest Unitarian Universalist Community (INUUC)

We are an Equal Opportunity Employer and values diversity in our workforce.

Last Name	First	Middle
Street Address		
City	State	Zip
		email address
	Work Hours	Home Phone
Position Applied For		How did you learn of this position?

Education Record (attach additional sheets if necessary, use same format)

Name of School	Location	Did you Graduate?	Degree/Major
University			
Post Graduate			
Other			
Professional License	Granted by	License No. & Expiration Date	Is License Valid?
Honors, Awards, Technical Skills			

Employment Record (begin with most recent employer)

1. From (mo/yr)	To (mo/yr)	Name of Employer	Address
Your Title	Ending Salary	Supervisor and Title	Phone
Duties and Responsibilities (including the number of positions supervised)			
Reason for Leaving			
2. From (mo/yr)	To (mo/yr)	Name of Employer	Address
Your Title	Ending Salary	Supervisor and Title	Phone
Duties and Responsibilities (including the number of positions supervised)			
Reason for Leaving			

3. From (mo/yr)	To (mo/yr)	Name of Employer	Address
Your Title	Ending Salary	Supervisor and Title	Phone
Duties and Responsibilities (including the number of positions supervised)			
Reason for Leaving			
Additional employment record (company name and address)	From (mo/yr)	To (mo/yr)	Your Title
4.			
5.			
6.			
7.			
Give dates and explain all periods of unemployment			

Additional Information

Are you a former Employee or member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give last position held
If you are a former employee, give the specific date you left (mo/yr)			
Will visa or immigration status prevent lawful employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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 that 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 an written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this agency.

I authorize the Employer to verify all the information that I have provided on this application. To the best of my knowledge, all the above information is true and correct. I understand that any misrepresentation or omission of facts is cause for rejection or possible termination of my employment .

Signature of Applicant: _____

Date: _____