## **Stratton Equity Cooperative**

## **Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or Excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs Is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

	Date :	
Position(s) applied for or type of work desired:		
Address:		
Telephone #: Social Security # :		
Type of employment desired:Full-timePart- time		Temporary
Date you will be available to start work:		
Are you able to meet the attendance requirements?	Yes	No
Do you have any objection to working overtime if necessary?	Yes	No
Can you travel if required by this position?	Yes	No
Have you ever been previously employed by our organization?	Yes	No
Can you submit proof of legal employment authorization and identity?	Yes	No
If you are under 18, can you furnish a work permit if it is required?		No
		No
Drivers license number (if driving is an essential job duty):		
How were you referred to us?		
Employer: Position held:		
Employer: Position held: Address: Telephone # : Immediate supervisor and title: Dates employed: From to Iob summary : Reason for leaving:		
Please provide all employment information for your past four employers starti  Employer: Position held:  Address: Telephone # :  Immediate supervisor and title: to  Dates employed: From to  Job summary :  Reason for leaving: Position held:		
Employer: Position held: Address: Telephone # : Immediate supervisor and title: Dates employed: From to Job summary : Reason for leaving: Position held: Employer: Position held: Address: Telephone # :		
Employer: Position held:		
Employer: Position held:		
Employer:		
Employer:		Reason for
Employer:		Reason for
Employer:		Reason for Employee Address:
Employer:		Reason for Employer Address:
Employer:		Reason for Employee Address:
Employer:		Reason for Employer Address:

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Employment History continued	
Employer:	Position Held:
Address:	Telephone #:
Immediate supervisor and title :	
	to
Reason for leaving:	
Other Skills and Qualifications	
Summarize any job-related training, skills, licen	uses certificates and/or other qualifications:
Summarize any job related training, skins, need	ises, certificates, and, or other qualifications.
Educational History	
Educational History	and any degrees somed.
List school name and location, course of study,	,
High School:	
College:	
Other:	<del></del>
D. f	
References	
List 3 references names, telephone numbers, a	nd years known (do not include relatives or employers):
I have by authoriza the netential to contact obtain and varify the	a accuracy of information contained in this application
I hereby authorize the potential to contact, obtain, and verify the From all previous employers, educational institutions, and refere	,
employer and its representatives for seeking, gathering, and using	
all other persons or organizations for providing such information	1.
I understand that any misrepresentation or material omission material of	ade by me on this application will be sufficient cause for
cancellation of this application or immediate termination of emp	
If I am employed, I acknowledge that there is no specified length constitute an agreement or contract for employment. According	
at will, with or without cause, at any time, so long as there is no	
I understand that it is the policy of this organization not to refuse Individual with a disability because of that persons need for a rea	- '
mulvidual with a disability because of that persons need for a rea	asonable accommodation as required by the ADA.
I also understand that if I am employed, I will be required to prov	vide satisfactory proof of identity and legal work authorization
within three days of being hired. Failure to submit such proof w	ithin the required time shall result in immediate
termination of employment.	
I represent and warrant that I have read fully u	inderstand the foregoing, and that I seek employment under
these conditions.	
Applicant signature:	Date: