



WHIPPOORWILL CHAPTER
 PO Box 279
 Pinon AZ 86510
 Telephone #: 928-725-3727/3728

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone No: _____ Email _____

Social Security #: _____ Census No.: _____ Date of Birth: _____

Position Applying For: _____

Are you a registered voter of Whippoorwill Chapter
 YES NO If no, which Chapter are you affiliated with? _____

Have you ever worked for this Chapter?
 YES NO If yes, when? _____

Have you ever been convicted of a felony?
 YES NO If yes, explain: _____

Do you have any physical conditions, which may challenge your ability to perform the responsibility of the job you are applying for?
 YES NO If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Job Title: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Job Title: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Job Title: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Please read carefully and sign the statement below.

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE WHIPPOORWILL CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE WHIPPOORWILL CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MOTOR VEHICLE RECORDS, AND CRIMINAL RECORDS. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

Signature: _____ Date: _____