



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

Information provided in this application will be verified.

SECTION I – PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE
PHONE		DATE AVAILABLE TO WORK		
POSITION APPLIED FOR		EMAIL ADDRESS		
PRESENT ADDRESS		CITY	STATE	ZIP
FORMER ADDRESS		CITY	STATE	ZIP
ARE YOU OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR AN EMPLOYMENT VISA STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>		

SECTION II – PROFESSIONAL DEVELOPMENT

List workshops and conferences you have attended within the last four years. *Attach additional sheets if needed.*

Title	Sponsoring Organization	Hours	Dates(s)



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SECTION III – EMPLOYMENT HISTORY

Provide employment information for the past ten years.
Attach additional documentation (if required).

CURRENT EMPLOYER Name, Address, Telephone	Dates employed (month/year)	Name and Title of Immediate Supervisor
	From: To:	<div data-bbox="1029 600 1537 667">Current Supervisor's Tel. # ()</div> <div data-bbox="1029 667 1537 737">May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of Duties and Responsibilities:		
Reason for leaving:		

PREVIOUS EMPLOYER Name, Address, Telephone	Dates employed (month/year)	Name and Title of Immediate Supervisor
	From: To:	<div data-bbox="1029 1381 1529 1449">Supervisor's Current Tel. # ()</div> <div data-bbox="1029 1449 1529 1520">May we contact your former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of Duties and Responsibilities:		
Reason for leaving:		

Ride Connection is an equal opportunity employer and, as such will continue to recruit, hire, train, and promote into all job levels without regard to race, age, religion, color, sex, national origin, physical or mental disability, martial or veteran status, sexual orientation, gender identity or any other characteristic protected by law.



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PREVIOUS EMPLOYER Name, Address, Telephone	Dates employed (month/year)	Name and Title of Immediate Supervisor
	From:	
	To:	Supervisor's Current Tel. # ()
		May we contact your former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of Duties and Responsibilities:		
Reason for leaving:		

PREVIOUS EMPLOYER Name, Address, Telephone	Dates employed (month/year)	Name and Title of Immediate Supervisor
	From:	
	To:	Supervisor's Current Tel. # ()
		May we contact your former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of Duties and Responsibilities:		
Reason for leaving:		

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PREVIOUS EMPLOYER Name, Address, Telephone	Dates employed (month/year)	Name and Title of Immediate Supervisor
	From: To:	Supervisor's Current Tel. # () May we contact your former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of Duties and Responsibilities:		
Reason for leaving:		

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	From: To:	Supervisor's Current Tel. # () May we contact your former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
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SECTION IV – EDUCATIONAL BACKGROUND

Report other certification(s) here.

Undergraduate Colleges/Universities/Courses	City/State	Years Completed	Degree(s)
Graduate	City/State	Years Completed	Degree(s)

SECTION V – PROFESSIONAL AFFILIATIONS

List current membership in local, state, and national professional organization.

Attach required documentation.

Organization/Association	Year(s)	Office Held



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I CERTIFY THAT THE INFORMATION GIVEN BY ME TO RIDE CONNECTION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, DISCOVERY THAT I GIVE FALSE INFORMATION DURING THE APPLICATION PROCESS MAY RESULT IN IMMEDIATE DISMISSAL.

I FURTHER CERTIFY THAT I AM NOT ENGAGED IN ANY OUTSIDE ACTIVITY OR BUSINESS THAT COULD BE CONSIDERED IN CONFLICT WITH RIDE CONNECTION'S INTEREST OR THOSE OF ITS CUSTOMERS, NOR WILL I BECOME ENGAGED IN SUCH ACTIVITY OR BUSINESS IF EMPLOYED.

I AUTHORIZE RIDE CONNECTION TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, CREDIT, PREVIOUS EMPLOYMENT AND SIMILAR BACKGROUND INFORMATION, AND TO CONTACT ANY AND ALL REFERENCES I HAVE GIVEN ON MY APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY SUCH REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES AND DAMAGES FOR ANY REASON ARISING OUT OF THE FURNISHING OF SUCH INFORMATION. IF EMPLOYED, I RELEASE THE COMPANY FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY WITH RIDE CONNECTION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER RIDE CONNECTION OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF RIDE CONNECTION, OTHER THAN THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF APPLICANT: _____ DATE: _____