



Personal Information:

NAME (<i>Last, First, Middle Initial</i>)		PHONE NUMBER ()	
E-MAIL ADDRESS		CELL PHONE NUMBER ()	
CURRENT ADDRESS			
<i>Street</i>		<i>City</i>	
		<i>State</i>	
		<i>Zip Code</i>	
POSITION DESIRED		HOW WERE YOU REFERRED?	DATE ABLE TO START
ARE YOU OVER 18 YRS OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES		HAVE YOU PREVIOUSLY WORKED OR APPLIED FOR A JOB HERE? <input type="checkbox"/> NO <input type="checkbox"/> YES: DATE	
ARE YOU ABLE TO WORK ALL SHIFTS? <i>Please list any days/times you are <u>unable</u> to work:</i> <input type="checkbox"/> NO <input type="checkbox"/> YES		DESIRED SALARY \$	

Education:

NAME OF SCHOOL	CITY & STATE	AREA OF STUDY	DEGREE	GRADUATED
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE/TECHNICAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
UNDERGRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO
Please describe any other job-related skills or training, including professional or technical licenses (list state and date received):				

Employment History:

List present or most recent job first and include all employment. You may include volunteer work. If more space is needed, please attach a separate sheet of paper.

Are you known to schools/employers/references by any other names? NO YES If yes, what name?

COMPANY NAME & ADDRESS	JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT
			FROM:
SALARY	REASON FOR LEAVING		TO:
COMPANY NAME & ADDRESS	JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT
			FROM:



SALARY		REASON FOR LEAVING		TO:
COMPANY NAME & ADDRESS		JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT
				FROM:
SALARY		REASON FOR LEAVING		TO:

Professional References:

Please provide contact information for three references to whom you have reported in previous employment or to whom you are not related.			
NAME	PHONE NUMBER	COMPANY/TITLE	WORKING RELATIONSHIP
1.			
2.			
3.			

Military Service:

BRANCH	RANK	DISCHARGE DATE
TRAINING OR TYPE OF WORK PERFORMED DURING SERVICE		

Signature:

<p>PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:</p> <p>I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding information will result in the rejection of this application, or my discharge if discovered after employment begins. I authorize Bath Housing to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools, and individuals from all liability in responding to inquiries in connection with my application and release Bath Housing from all liability with respect to such inquiries</p> <p>I understand that if employed, I will be an employee at will and may be terminated at any time, with or without cause and with or without notice, at the option of either the Company or myself. If I am employed, I agree by Bath Housing's policies, rules, procedures, and any charges thereto.</p> <p>I certify that I am authorized to work in the United States and have valid documentation that I am authorized.</p> <p>APPLICANT'S SIGNATURE: _____ DATE: _____</p>
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