



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Are you 18 or older?	Yes      No	Are you in the Military?	Yes      No
Are you a U.S. Citizen?	Yes      No	If no, authorized to work in the U.S.?	Yes      No
Are you a veteran?	Yes      No	If yes, what branch?	
Convicted of a felony?	Yes      No	If yes, please explain in box below:	

Use this area to explain:

## POSITION AVAILABLE

What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
Full Time    Part Time    Temp			

## EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED
OTHER / APPLICABLE TRAINING			
APPLICABLE SKILLS / PROFICIENCIES			

**REFERENCES**

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

**EMPLOYMENT HISTORY**

#1 - EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
#2 - EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
#3 - EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
#4 - EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

**DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT**

Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize The Board Room, LLC to make all necessary investigations concerning me, or my actions, and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

**EMERGENCY CONTACT:**

NAME	ADDRESS	RELATIONSHIP	PHONE AND EMAIL

**SIGNATURE**

PRINTED NAME

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SIGNATURE:

DATE:

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Please answer all questions.

Once the application is complete and signed, email it to [Jobs@theboardroomtn.com](mailto:Jobs@theboardroomtn.com).