

Application

for Employment - JEFFERSON NATIONAL PARKS ASSOCIATION

PERSONAL INFORMATION

Date: _____ Social Security # _____ — —

Name: (last) _____ (first) _____ (middle) _____

Present Address: (street) _____ (city) _____ (state) _____ (zipcode) _____

Permanent Address *(if different than above)*: _____

Phone Number: (_____) _____ Daytime Phone *(if different)*: _____

If related to anyone in our employ, please state name and department _____ How did you hear about us? _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Days and hours available: _____

Are you employed now? YES NO If so, may we inquire of your present employer? YES NO

Present Employer's Name: _____ Phone #: (_____) _____

Have you ever applied to this company before? YES NO Position: _____ When? _____

EDUCATION

| NAME AND LOCATION OF SCHOOL: | COURSE OF STUDY | YEARS COMPLETED | DIPLOMA/DEGREE |
|-------------------------------------|-----------------|-----------------|----------------|
| High School | | | |
| College | | | |
| Graduate or Post-graduate | | | |
| Business, Trade or Technical School | | | |

OTHER SPECIAL TRAINING

List other special training or skills (languages, software programs, etc) _____

Subjects of special study or research work _____

Professional, trade, business or civic activities *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)* _____

FORMER EMPLOYERS (List below your last four employers, beginning with the most recent)

| DATE (month & year) | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|-----------------------------------|-------------------|----------------|--------------------|
| From | | Start \$ per | Job Title | |
| To | Supervisor Name Phone # () | Final \$ per | General Duties | |
| From | | Start \$ per | Job Title | |
| To | Supervisor Name Phone # () | Final \$ per | General Duties | |
| From | | Start \$ per | Job Title | |
| To | Supervisor Name Phone # () | Final \$ per | General Duties | |
| From | | Start \$ per | Job Title | |
| To | Supervisor Name Phone # () | Final \$ per | General Duties | |

REFERENCES (Give the name of three persons not related to you, whom you have known at least one year)

| NAME | ADDRESS | PHONE NUMBER | YEARS ACQUAINTED |
|------|---------|--------------|------------------|
| | | | |
| | | | |
| | | | |

In case of emergency, notify: *(to be completed after hire)*

Name: _____ Relationship to employee: _____

Address: _____ Phone Number: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal. Further, I understand that my employment is "at-will", for no definite period of time and may be terminated at any time at the sole discretion of JNPA.

Signature: _____ Date: _____

Do not write below this line

REMARKS: _____

AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, criminal record, education, military records (DD214), credentials, credit (from Trans Union LLC), and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize AAIM to procure a consumer report as part of the preemployment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

Signature

Date

May your current employer or references associated with your current employment be contacted? YES NO

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

PLEASE PRINT CLEARLY

| | | |
|---|------------------------|---------------|
| Name: Last | First | Middle |
| Other Names Used - <i>include maiden name, aliases and nick names</i> | | |
| Address: | | |
| City/State/Zip | | |
| Telephone Number | Social Security Number | Date of Birth |
| Drivers License Number | State | Sex : M F |
| | | Race: |