

EMPLOYMENT APPLICATION FORM

THE AMERICAN LEGION, DEPARTMENT OF INDIANA

| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | | | |
|---|----------------|--|-------------------------------|----------------|
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | |
| PLEASE COMPLETE PAGES 1-5. | | | | Date: |
| Name: | | | | |
| Last | First | Middle | Maiden | |
| Present Address: | | | | |
| Number | Street | City | State | Zip |
| How Long: | | | Social Security No.: | |
| Telephone: | | | | |
| If under 18, please list age: | | | | |
| Position Applied For: | | | Days/Hours Available to Work: | |
| Salary Desired: | | | No Pref _____ Thur _____ | |
| | | | Mon _____ Fri _____ | |
| | | | Tue _____ Sat _____ | |
| | | | Wed _____ Sun _____ | |
| How many hours can you work weekly? | | | Can you work nights? | |
| Employment Desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME | | | | |
| When available for work? | | | | |
| EDUCATION & OTHER INFORMATION | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NO. OF YEARS COMPLETED | MAJOR & DEGREE |
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Bus. or Trade School | | | | |
| | | | | |
| Professional School | | | | |
| | | | | |

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? Yes No

What is your means of transportation to work?

Driver's License Number: State of issue: Operator Commercial (CDL) Chauffeur

Expiration Date:

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How Many?

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac Other Skills:

Please list two references other than relatives or previous employers.

| | |
|------------|------------|
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address: | Address: |
| Telephone: | Telephone: |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

| | | |
|------------------|---------------------|-----------------------|
| Specialty | Date Entered | Discharge Date |
|------------------|---------------------|-----------------------|

| | |
|------------------------|--|
| Work Experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. |
|------------------------|--|

Job One

| | | | |
|--------------------------|--------------------------------|-------------------------|---------------|
| Name of Employer: | Name of Last Supervisor | Employment Dates | Salary |
| Complete Address: | | From: | Start: |
| | | To: | Final: |
| Phone Number: | Your Last Job Title: | | |

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| |
|--|
| |
| |
| |
| |
| |

Job Two

| | | | |
|--------------------------|---------------------------------|-------------------------|---------------|
| Name of Employer: | Name of Last Supervisor: | Employment Dates | Salary |
| Complete Address: | | From: | Start: |
| | | To: | Final: |
| Phone Number: | Your Last Job Title: | | |

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| |
|--|
| |
| |
| |
| |
| |

| Job Three | | | |
|--|--------------------------|------------------|--------|
| Name of Employer: | Name of Last Supervisor: | Employment Dates | Salary |
| Complete Address: | | From: | Start: |
| | | To: | Final: |
| Phone Number: | Your Last Job Title: | | |
| Reason for Leaving (be specific): | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| May we contact your present employer? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Did you complete this application yourself? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If not, who did? | | | |

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The American Legion, Department of Indiana (hereinafter called the "Legion"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Legion practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The American Legion, Department of Indiana, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of American Legion. Both the undersigned and The American Legion, Department of Indiana may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Legion may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Legion permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Legion from any liability as a result of such contract.

I also understand that (1) the Legion has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Legion may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Legion will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with The American Legion, Department of Indiana shall be probationary for a period of 180 days, and further that at any time during the probationary period or thereafter, my employment relation with American Legion is terminable at will for any reason by either party.

Signature of Applicant

Date:

The American Legion, Department of Indiana is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The American Legion, Department of Indiana depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

| | | | |
|---|---------------------------------|---|--|
| Height: ft. in. | Weight: | Birth Date: | |
| Married <input type="checkbox"/> Yes <input type="checkbox"/> No If Married, How Long? | <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Full Name of Spouse | Spouse Occupation | | |
| Name of Company | Telephone: | | |
| PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | | |
| Name: | | Telephone: | |
| Address: | | Relationship: | |
| FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS | | | |
| Name: | Relationship: | Birth Date: | SSN: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TO BE COMPLETED BY EMPLOYER | | | |
| Date of Employment: | Job Title: | Dept.: | |
| Location: | Rate of Pay: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried | |
| Applicant's signature acknowledging above information | | | |
| Drug Test Confirmation Number: | | | |
| Name of Person Verifying Information: | | | |
| Name of Person Authorizing Employment: | | | |