

APPLICATION FOR EMPLOYMENT



P.O. Box 129 Linville, N.C. 28646 (828) 733-2013

An Equal Opportunity Employer

General

Name: _____ Email address: _____
Local address: _____ Permanent address: _____
Local telephone number: _____ Permanent telephone number: _____
Earliest date available to work: _____ Latest date available to work: _____
Are you available to work weekends and holidays? [] Yes [] No

Education

High school attended: _____
College attended/attending: _____ Degree/Major: _____
Relevant course work, special projects: _____
Additional education/certification completed: _____

Employment History

May we contact your employers for reference? Yes No

List your two most recent jobs or those relevant to the position for which you are applying.

Employer's name: _____ Phone number: _____

Job title: _____ Supervisor's name: _____ Dates of employment: _____

Duties and responsibilities: _____

Employer's name: _____ Phone number: _____

Job title: _____ Supervisor's name: _____ Dates of employment: _____

Duties and responsibilities: _____

References

List name, telephone number and address of two references who are not related to you and are not listed in the employment section of this application.

Name: _____ Phone number: _____

Address: _____

Name: _____ Phone number: _____

Address: _____

See next page.

Additional Information



I certify that the information in this application is true and complete to the best of my knowledge. I understand that, if employed, I will be subject to immediate dismissal if I have made any false statements or misrepresentations or have withheld pertinent information in this application, interview(s) or related documents.

I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have and release all parties from liability for any damage that may result from disclosure of said information.

I acknowledge that, if I become employed, I will be free to terminate my employment at any time for any reason, and Grandfather Mountain Stewardship Foundation retains these same rights.

This application shall be considered active for a period of one year.

Date: _____

Signature: _____