

**SHRINE MONT
APPLICATION FOR EMPLOYMENT**

P.O. Box 10 • Orkney Springs, VA 22845 • (540) 856 - 2141 • shrine@shentel.net • Fax (540) 856-8520

Shrine Mont is an Equal Opportunity Employer.

Last Name		First Name		Middle Initial	Social Security Number:	
Street Address		City/State		Zip Code	Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:			Full Time? Part Time?			
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?			If yes, when?		If yes, where?	
Date you can begin work?		Are you 18 years of age or older?		If you are between the ages of 14 & 16, you will be required to submit a work permit as required by federal law.		
Name of high school attended:		City & State		Graduate?	GED?	
Name of college or technical school:		City & State		Graduate?	Degree?	Major:
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:				
Total hours per week you are available to work:		Do you have any special requests or needs for a work schedule?				
- Give Three References Whom We May Contact -						
Name and Occupation		How do you know them, and for how long?			Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Shrine Mont, any employment relationship with Shrine Mont is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date: