



Serving the Visitors to America's
National Parks and Other Public Trusts

EASTERN NATIONAL APPLICATION FOR EMPLOYMENT

“WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR DISABILITY.”

PERSONAL INFORMATION

DATE _____

Name _____
LAST
FIRST
MIDDLE

Present Address _____
STREET
CITY
STATE
ZIP CODE

Permanent Address _____
STREET
CITY
STATE
ZIP CODE

Phone No. _____
Social Security Number _____

Cell No. _____

Referred by _____
E-Mail Address _____

EMPLOYMENT DESIRED

Position _____
Date You Can Start _____
Salary Desired _____

Are You Employed Now? _____
If So, May We Inquire of Your Present Employer? _____

Ever Applied to this Company Before? _____
Where? _____
When? _____

AVAILABILITY RECORD

If available for seasonal work only, how long will you be available for work? Give dates.

From: Month/Day/Year _____ To: Month/Day/Year _____

Are you available to work : Full Time Part Time Seasonal
 Please indicate days and hours you are available for work:

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
FROM	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
TO	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Do you agree to work weekends and holidays in accordance with work schedules? Yes No
 Do you agree to work any shift in accordance with work schedules? Yes No

EDUCATION

NAME AND LOCATION OF SCHOOL

YEARS
ATTENDED

DATE
GRADUATED

SUBJECTS STUDIED

HIGH SCHOOL _____

COLLEGE _____

TRADE, BUSINESS OR
CORRESPONDENCE SCHOOL _____

SUBJECTS OF SPECIAL STUDY OR INTEREST _____

US MILITARY OR NAVAL SERVICE? _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

ACTIVITIES OTHER THAN RELIGIOUS
(CIVIC, ATHLETIC, FRATERNAL, ETC.) _____

(Exclude organizations, the name or character of, which indicate the race, creed, color or national original of its members.)

FORMER EMPLOYERS (LIST MOST RECENT FIRST)

**DATES OF
EMPLOYMENT
(MONTH AND YEAR)** **NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER** **SALARY** **POSITION** **REASON FOR LEAVING**

FROM _____

TO _____ **Telephone Number** _____

FROM _____

TO _____ **Telephone Number** _____

FROM _____

TO _____ **Telephone Number** _____

FROM _____

TO _____ **Telephone Number** _____

FROM _____

TO _____ **Telephone Number** _____

REFERENCES: LIST BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY

NAME	Relationship	Telephone Number

HAVE YOU EVER COMMITTED OR BEEN DISCHARGED FOR A DISHONEST OR FRAUDULENT ACT, BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____ IF SO, PLEASE PROVIDE THE FOLLOWING:

DATE	OFFENSE OR CONVICTION	PLACE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I UNDERSTAND THAT THIS APPLICATION WILL BE ACTIVE FOR 30 DAYS FROM THE DATE OF MY SIGNATURE.

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

APPLICATION REVIEWED BY _____ **DATE** _____