

APPLICATION FOR EMPLOYMENT

The Heritage Centre Association is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, gender, national origin, ancestry, citizenship, age, marital or military status, disability, or any other legally protected status.

Please print or type all information

this application will remain active for three (3) months.

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Position Applied For: Executive Director Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
Number and Street City State ZIP

Email Address: _____

Telephone Numbers: Daytime (_____) Cellular (_____) Evening (_____) Social Security No: _____ --- ---

For checking prior records, provide other name(s) under which you are known: _____

You are available to work Full-Time Part-Time Temporary Date you can begin work _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you 18 years or older? Yes No Are you legally eligible for employment in the U.S.? Yes No

Have you ever applied to work for us before? Yes No If yes, when? _____

Have you been convicted of a felony? Yes No If yes, give details _____
(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Is there anything to prevent you from being at work on time and every day? Yes No If yes, explain _____

Are you able to perform the required duties of the specific job for which you are applying with or without accommodation? Yes No If no, explain _____

Do you have any relatives currently employed here or serving on the Board of Directors? Yes No If yes, who? _____

EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4				
SCHOOLS	NAME OF SCHOOL / ADDRESS	MAJOR / SUBJECTS STUDIED	DIPLOMA / DEGREE	GRADUATE?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business or Correspondence:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you now attending school? Yes No Full-Time Part-Time What courses? _____

Describe in detail any Specialized Training, Office Equipment Skills, or Internship programs you have completed:

Heritage Centre Association dba Main Street Mount Vernon
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EMPLOYMENT HISTORY List below your last three employers, starting with your most recent (attach additional pages as necessary)								
NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM	TO	HOW WAS POSITION OBTAINED?	DESCRIBE IN DETAIL THE WORK YOU DID AND YOUR TITLE	START SALARY	END SALARY	REASON FOR LEAVING	NAME, TITLE & PHONE # OF YOUR SUPERVISOR
	MO - YR	MO - YR						
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

REFERENCES List below the names of three persons not related to you who can attest to your work ability.			
NAME AND BUSINESS	ADDRESS	DAYTIME PHONE	YEARS KNOWN
		()	
		()	
		()	

APPLICANT'S AGREEMENT *Please read carefully before signing.*

"I acknowledge that, if I am employed by the Heritage Centre Association dba Main Street Mount Vernon (hereinafter referred to as "HCA"), my employment is entirely "at will," which means I am not employed under any contractual arrangement, I am not guaranteed employment for any definite period of time, and my employment can be modified or terminated at the option of either HCA or myself, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice (i.e., at any time). I further acknowledge that HCA reserves the right, at its sole discretion and without notice, to establish and/or change any of the terms or conditions of any aspect of my employment. I acknowledge and affirm that no representative of HCA, other than the Board of Directors as a whole, has the authority to enter into any employment arrangement with me or provide me with any assurances relating to any aspect of my employment with HCA."

"I authorize HCA to investigate my background, qualifications, and/or any other information from whomever it deems appropriate. I also authorize anyone HCA contacts as part of its employment due diligence to release any information they have regarding me or my employment to HCA or its representatives. Further, I authorize HCA to release the results of any background checks conducted on me for business reasons to whomever it deems appropriate. I also release all parties from all liability for any damage that may result from either releasing or furnishing this information on me for business reasons to whomever they deem appropriate."

"I acknowledge and affirm that I will take any lawful medical examination, chemical, drug or alcohol test upon request by HCA, at its sole discretion, as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by HCA, where allowed by law. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize HCA to release the results of these tests to whomever it deems appropriate for business reasons where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing, or furnishing information regarding these examinations or tests."

"I affirm that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further affirm that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions contained herein."

If you are hired, this employment application will become part of your official employment record.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS			
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No	Position	Date to Report	Salary/Wage

Approved: _____
 President