

EMPLOYMENT HISTORY:

STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL INFORMATION REQUESTED. BE CERTAIN TO LIST ACCURATE PHONE NUMBERS, ADDRESSES, AND AREA CODES.

1.	FROM: _____	TO: _____
EMPLOYER NAME	SUMMARY OF DUTIES: _____	
ADDRESS / AREA CODE & PHONE	_____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	SALARY: START: _____ END: _____	
2.	FROM: _____	TO: _____
EMPLOYER NAME	SUMMARY OF DUTIES: _____	
ADDRESS / AREA CODE & PHONE	_____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	SALARY: START: _____ END: _____	
3.	FROM: _____	TO: _____
EMPLOYER NAME	SUMMARY OF DUTIES: _____	
ADDRESS / AREA CODE & PHONE	_____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	SALARY: START: _____ END: _____	

4.

EMPLOYER NAME	FROM: _____	TO: _____
ADDRESS / AREA CODE & PHONE	SUMMARY OF DUTIES: _____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	_____	
	SALARY: START: _____	END: _____

5.

EMPLOYER NAME	FROM: _____	TO: _____
ADDRESS / AREA CODE & PHONE	SUMMARY OF DUTIES: _____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	_____	
	SALARY: START: _____	END: _____

6.

EMPLOYER NAME	FROM: _____	TO: _____
ADDRESS / AREA CODE & PHONE	SUMMARY OF DUTIES: _____	
TITLE OR POSITION	_____	
SUPERVISOR	_____	
REASON FOR LEAVING	_____	
	SALARY: START: _____	END: _____

USE ADDITIONAL SHEETS AS NECESSARY TO PROVIDE A COMPLETE EMPLOYMENT HISTORY.

ADDITIONAL INFORMATION:

BY LAW, YOU MUST BE AUTHORIZED TO WORK IN THE UNITED STATES IN ORDER TO BE EMPLOYED BY THE AMERICAN LEGION. PLEASE INDICATE THE PROPER AUTHORIZATION:

A CITIZEN OR A NATIONAL OF THE UNITED STATES

AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE

AN ALIEN AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICE TO WORK INDEFINITELY IN THE UNITED STATES.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OTHER CRIME? YES NO

HAVE YOU RECEIVED A FELONY DEFERRED ADJUDICATION OR PROBATION? YES NO

REFERENCES:

LIST A MINIMUM OF THREE PERSONS, NOT RELATED TO YOU, WHO ARE QUALIFIED TO DESCRIBE YOUR CAPABILITIES FOR THE POSITION YOU ARE SEEKING.

1. NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

OCCUPATION AND EMPLOYER: _____

2. NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

OCCUPATION AND EMPLOYER: _____

3. NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

OCCUPATION AND EMPLOYER: _____

4. NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

OCCUPATION AND EMPLOYER: _____

CERTIFICATION:

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY FORMER EMPLOYER TO RELEASE TO THIS POTENTIAL EMPLOYER, OR ITS AUTHORIZED REPRESENTATIVE, ANY AND ALL EMPLOYMENT RECORDS AND OTHER INFORMATION THE FORMER EMPLOYER MAY HAVE ABOUT MY EMPLOYMENT. I UNDERSTAND THAT THE INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR EMPLOYMENT AND THAT I AM RESPONSIBLE FOR PROVIDING LEGAL DOCUMENTS VERIFYING MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT. IN ADDITION, I UNDERSTAND THAT IF SELECTED FOR AN INTERVIEW, TRUE COPIES OF ALL DEGREES, CERTIFICATES, OR LICENSES LISTED ON THIS APPLICATION MAY BE REQUIRED BEFORE AN EMPLOYMENT DECISION CAN BE MADE. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I UNDERSTAND AND AGREE, THAT IF HIRED, 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, AND THAT INTENTIONAL MISREPRESENTATION ON MY APPLICATION, OR DURING THE INTERVIEW PROCESS, WILL SUBJECT ME TO IMMEDIATE DISCHARGE. FURTHER, I UNDERSTAND AND AGREE THAT SHOULD REASONABLE CIRCUMSTANCES BE PROVIDED TO ME WHICH INVOLVE THE LOSS OF PROPERTY AND/OR FUNDS OF POST 95, I MAY BE SUBJECT TO A POLYGRAPH EXAMINATION FOR THE PURPOSES OF DETERMINING THE FACTS OF THE LOSS. I UNDERSTAND THAT SHOULD I FAIL TO SUBMIT TO SUCH POLYGRAPH EXAMINATION, I MAY BE TERMINATED FROM EMPLOYMENT WITH POST 95 AND SUBJECT TO CRIMINAL INVESTIGATION IF WARRANTED.

I UNDERSTAND THAT ONLY WRITTEN REPRESENTATIONS AND PROMISES OF THIS EMPLOYER WILL BE ENFORCEABLE.

DATE: _____

SIGNATURE OF APPLICANT

AMERICAN LEGION POST 95

1919 Industrial Drive HUNTSVILLE, TEXAS 77320 (936)291-0129

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I, _____, hereby authorize and request you to furnish the American Legion Post 95 with any and all information they may request concerning my employment record, educational history, military records, financial status, criminal record, general reputation, and past or present medical condition.

This authorization may be photocopied and the copies honored as originals. Further, this authorization is specifically intended to include any and all information or documents of a confidential or privileged nature as well as photocopies of documents, if requested.

I hereby release you, and your organization, from any and all liability which may, or could, result from the furnishing of the information outlined above or from any subsequent use of such information in determining my qualifications for employment.

Signature of Applicant

Date