



Stimulating Minds through Entrepreneurship and Leadership

Employment Application

Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Telephone No: _____ Home Cell E-mail Address: _____

Are you legally permitted to work? YES NO Are you 18 years or older? YES NO If no, please specify age _____

Do you have any relatives other than a spouse employed by SMEL? YES NO

If yes, list name(s) _____
You may not be assigned to a position where you would supervise or be supervised by a relative.

Position you are applying for: _____

EDUCATION

	Name of School	Did you Graduate?	Degree/Certificate
High School			
College			
Graduate School			
Additional Certifications or Training			

EMPLOYMENT RECORD #1 (Most Recent Employment)

Dates _____ Position _____

Employer-Contact Name/Address/Telephone Number _____

Responsibilities _____

Reasons for Leaving _____ Salary _____



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EMPLOYMENT RECORD # 2

Dates _____ Position _____

Employer-Contact Name/Address/Telephone Number _____

Responsibilities _____

Reasons for Leaving _____ Salary _____

EMPLOYMENT RECORD #3

Dates _____ Position _____

Employer-Contact Name/Address/Telephone Number _____

Responsibilities _____

Reasons for Leaving _____ Salary _____

List three work references from previous supervisors (name, title, phone, address)

Please provide any additional information which you feel is pertinent to your application for this position:

Stimulating Minds through Entrepreneurship and Leadership (SMEL) is an Equal Opportunity Employer. Personnel are chosen on the basis of ability and qualifications without regard to race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, veteran status or citizenship status in compliance with Federal, State and municipal laws. Stimulating Minds through Entrepreneurship and Leadership maintains a strict policy and practice of confidentiality regarding employment applications and related material.

APPLICANT'S STATEMENT:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my employment.

I understand that my employment is also contingent upon the receipt by SMEL of satisfactory work references. I hereby authorize my present/past employers to furnish SMEL with their records of my service. I agree if employed, to supply SMEL with such verifications as they may be permitted by Federal, State and municipal codes and regulations to request of me.

At-Will Employment

Finally, I understand that SMEL is an "at-will" employer. This means that if I am employed, it is not for any specific time period or duration. I may leave the company at any time and SMEL may terminate my employment at any time, for any reason, with or without notice. I understand that this employment application and any other company documents are not contracts of employment. I further understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me.

Signature

Date