



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION:

NAME (Last Name First):	DATE:	SOCIAL SECURITY #:
ADDRESS:	CITY:	STATE & ZIP
PHONE:	REFERRED BY:	

## EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYEED? YES      NO	MAY WE CONTACT YOUR EMPLOYER? YES      NO      N/A	HAVE YOU WORKED FOR THE COVE BEFORE? YES      NO

## EDUCATION:

SCHOOL NAME

DID YOU GRADUATE/FINISH?

HIGH SCHOOL		
COLLEGE		
TRADE SCHOOL OR SPECIAL TRAINING		

## GENERAL INFORMATION:

LIST SPECIAL SKILLS, TRAINING, AND PERSONAL CHARACTERISTICS WHICH WOULD MAKE YOU AN ASSET TO THE COVE:

## FORMER EMPLOYERS: (List last four employers, starting with most current)

START DATE	END DATE	NAME OF EMPLOYER	SALARY/WAGE	POSITION	REASON FOR LEAVING

## REFERENCES: (Give the names of 2 people, not related to you, whom you have known for at least 1 year)

NAME	BUSINESS	ADDRESS	PHONE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Thank you for applying with The Cove of Twin Falls**