

APPLICATION FOR EMPLOYMENT
SENIORS UNITED FOR NUTRITION PROGRAM, INC.
303 W. Chapel St., Suite 1400, Dodgeville, WI 53533-1396
Telephone (608) 930-9845

Date: _____ Last Four Digits of Social Security Number: _____

Name: _____ Telephone Number: _____

Address: _____

Position applied for: SUN Program Executive Director

Have you ever been employed with us before? _____ Yes _____ No If yes, give date: _____

Have you been known by any other name? If so, please indicate: _____

Have you been convicted of a felony? _____ Yes _____ No
 (Conviction will not necessarily disqualify an applicant from employment)

Do you have any criminal charges pending, other than minor traffic violations? _____ Yes _____ No
 (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merit.)

If yes, please explain: _____

As an employee have you ever been discharged or asked to resign? _____ Yes _____ No If yes, explain: _____

LIST EDUCATION, LICENSES, CERTIFICATES, AND DEGREES

School	Name & Address of School	Course of Study	Graduated Yes or No
High			
College			
Other (Specify)			

Please explain any skills, qualifications, and volunteer experience, which you feel, is related to the position applied for:

List below the three most present and past employment, beginning with your most recent:

I.

Name, Address and Telephone of Company and Type of Business	From		To		Describe the work you did	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				

II.

Name, Address and Telephone of Company and Type of Business	From		To		Describe the work you did	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				

III.

Name, Address and Telephone of Company and Type of Business	From		To		Describe the work you did	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone Number

May we contact your present employer? _____

Are you related to anyone employed by, or on the Seniors United for Nutrition Program? ____ Yes ____ No

If yes, please specify: _____

Name	Relationship	Position
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The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal and financial history and credit record through any investigative or credit agencies or bureau of your choice. You are also authorized to conduct a criminal background check.

Signature of Applicant

Date