



SOUTHPORT Employment Application

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

			Date of Application	
Last Name		First Name		Middle Name
Street Address		City	State	Zip Code
Telephone Number			Email Address	

If you are 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Date: _____

Have you ever been employed with us before? Yes No

Date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				



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Additional Information

Describe any specialized training, apprenticeships, skills and extra-curricular activities (to include any related military training.)
List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.
<u>Other Qualifications</u> Summarize special job related skills and qualifications acquired from employment or other experience.

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability or other protected status.

Employer	Dates Employed		Job Title
	To	From	
Address			Work Performed
Telephone Number			
Supervisor Name / Title			
Reason for Leaving			



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Employment Experience (con't)

Employer	Dates Employed		Job Title
	To	From	
Address			Work Performed
Telephone Number			
Supervisor Name / Title			
Reason for Leaving			

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	To	From	
Address			Work Performed
Telephone Number			
Supervisor Name / Title			
Reason for Leaving			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached or has been given to you prior to the application.

Yes No



References

Name: _____	Name: _____
Title: _____	Title: _____
Relationship: _____	Relationship: _____
Phone number: _____	Phone number: _____
Name: _____	Name: _____
Title: _____	Title: _____
Relationship: _____	Relationship: _____
Phone number: _____	Phone number: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not exceed 45 days. Any applicant wishing to be considered for employment beyond this time-period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:

Date:
