Dave Whites SitePro™

1315 Ferry Street
Lafayette, IN 47901

APPLICATION FOR EMPLOYMENT

Date of Application ____ / ____ / ____

Position(s) Applied For _____ Date available for work _____ / _____ / _____

Name _____ _____ _____
First Last Middle

Address _____ _____ _____ _____
Street City State Zip Code

Telephone (_____) _____ E-mail _____ Contact me by: ☐ phone ☐ e-mail

If you are under 18, can you furnish a work permit? ☐ YES ☐ NO Have you been employed here before? ☐ YES ☐ NO

Are you legally eligible for employment in USA? ☐ YES ☐ NO Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary

Employment History

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

1	From (date) To (date)	Employer		Telephone
	Job Title	Address		
	Immediate Supervisor and Title	Hourly Rate/Salary Start: $ _____ per ____	Summarize the nature of work performed and job responsibilities	
	Reason for leaving	Final Pay: $ _____ per ____		
2	From (date) To (date)	Employer		Telephone
	Job Title	Address		
	Immediate Supervisor and Title	Hourly Rate/Salary Start: $ _____ per ____	Summarize the nature of work performed and job responsibilities	
	Reason for leaving	Final Pay: $ _____ per ____		
3	From (date) To (date)	Employer		Telephone
	Job Title	Address		
	Immediate Supervisor and Title	Hourly Rate/Salary Start: $ _____ per ____	Summarize the nature of work performed and job responsibilities	
	Reason for leaving	Final Pay: $ _____ per ____		

Educational Background

Name and Location	Years Completed			Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Type	Email	Telephone (Include Area Code)	Years Known
	☐ Professional ☐ Personal			
	☐ Professional ☐ Personal			
	☐ Professional ☐ Personal			

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy. I acknowledge and agree that by submitting this electronic signature, I waive all rights to dispute the validity of my signature on this application.

AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant _____ Date _____ / _____ / _____