

BAHASTL'AH CHAPTER APPLICATION FOR EMPLOYMENT

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: First, Middle, Last	MAILING ADDRESS:	CITY, STATE, ZIP
SOCIAL SECURITY NUMBER:	CENSUS NUMBER:	DATE OF BIRTH:
CIRCLE ONE: MALE FEMALE	CIRCLE ONE: Married Single Widowed Divorced Separated	TELEPHONE NUMBER:

EMPLOYMENT DESIRED

POSITION TITLE:	ARE YOU EMPLOYED NOW? YES NO	DATE AVAILABLE FOR WORK:
HOURLY WAGE:	TYPING SPEED: W.P.M. SHORTHAND SPEED: W.P.M.	WHICH CHAPTER ARE YOU REGISTERED WITH?

EDUCATION

SCHOOL NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECT STUDIED	DEGREE EARNED
GED:				
HIGH SCHOOL:				
COLLEGE OR UNIVERSITY:				
COLLEGE OR UNIVERSITY:				
TRADE BUSINESS OR CORRESPONDENCE:				

OTHER TRAINING OR JOB EXPERIENCE

MILITARY: PLEASE SUBMIT FORM DD-214

SERVICE BRANCH:	ENTRANCE DATE:
DISCHARGE DATE:	CLASSIFICATION DATE:

Are You Computer Literate? _____
 Software You Are Familiar With: _____

Do you have reliable transportation? _____

Do you have reliable babysitter? _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATION: _____ PHONE #: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ RELATION: _____ PHONE #: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FORMER EMPLOYER(S): (LAST ONE FIRST)

1. DATES OF EMPLOYMENT: FROM: TO:	NAME & ADDRESS OF EMPLOYER	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	
2. DATES OF EMPLOYMENT: FROM: TO:	NAME & ADDRESS OF EMPLOYER	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	
3. DATES OF EMPLOYMENT: FROM: TO:	NAME & ADDRESS OF EMPLOYER	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	
4. DATES OF EMPLOYMENT: FROM: TO:	NAME & ADDRESS OF EMPLOYER	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	
5. DATES OF EMPLOYMENT: FROM: TO:	NAME & ADDRESS OF EMPLOYER	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	

Date you last worked for Bahastl'ah Chapter? (Example: PEP, 10-days, 20-days and other employment)

DATES OF EMPLOYMENT: FROM: TO:	NAME OF SUPERVISOR:	POSITION TITLE:	DESCRIPTION OF DUTIES:
RATE OF PAY:		REASON FOR LEAVING:	

I HEREBY AUTHORIZE BAHASTL'AH CHAPTER ADMINISTRATION TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.

ALL PERSON AND ORGANIZATION ARE RELEASED FROM ANY LIABILITY, WHATSOEVER, AS A RESULT OF PROVIDING SUCH INFORMATION AS REQUESTED BY BAHASTL'AH CHAPTER ADMINISTRATION IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT.

_____ DATE _____ SIGNATURE

*******REQUIRED:** Submit copies of Certificate of Indian Blood (CIB), Social Security Card and Driver's License or Identification Card (if available), with this Application.