



# MOUNT OLIVET CEMETERY APPLICATION FOR EMPLOYMENT

*Mt. Olivet Cemetery Association, Inc. is an Equal Opportunity Employer.*

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

Are you legally authorized to work in the US?  Yes  No

## EDUCATION

	School Name & Location	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade/Business School				

Special training/skills \_\_\_\_\_

## FORMER EMPLOYERS

Employment Dates	Employer Name/Location	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

## REFERENCES

Give below the names of three persons not related to you, whom you have known for more than one year.

Name	City & State	Business	Years Known	Phone

## AUTHORIZATION

“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 an investigation of all statements contained herein and the references and employers listed above to give you 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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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 (ADA) and other relevant federal and state laws.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary \_\_\_\_\_