



SAN ANTONIO CONSERVATION SOCIETY

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME	DATE _____ SOCIAL SECURITY # _____ - _____ - _____	
LAST	FIRST	MIDDLE INITIAL
PRESENT ADDRESS		
STREET	CITY	STATE ZIP
PERMANENT ADDRESS		
STREET	CITY	STATE ZIP
PHONE NUMBER	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THE CONSERVATION SOCIETY BEFORE?	WHERE?	WHEN?

EDUCATION

	NAME AND LOCATION OF SCHOOL			
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

ARE YOU FLUENT IN A FOREIGN LANGUAGE? SPEAK? Y/N READ? Y/N WRITE? Y/N

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE/MONTH/YEAR	NAME/ADDRESS/PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS/PHONE OF EMPLOYER	BUSINESS	YEARS KNOWN

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT. I HEREBY GRANT CONSERVATION SOCIETY PERMISSION TO VERIFY SUCH INFORMATION. I UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION ON THIS APPLICATION, OR ANYTIME DURING THE SELECTION PROCESS, MAY BE CONSIDERED SUFFICIENT FOR REJECTION OF MY APPLICATION. IF HIRED, I UNDERSTAND THAT THE DISCOVERY OF ANY MISREPRESENTATION OR OMISSION OF FACTS ON MY APPLICATION WILL BE CAUSE FOR MY IMMEDIATE DISMISSAL, REGARDLESS OF MY LENGTH OF SERVICE WITH THE CONSERVATION SOCIETY.

I CONSENT TO AND REQUEST THAT ALL OF MY PRESENT AND FORMER EMPLOYERS FURNISH TO CONSERVATION SOCIETY, INFORMATION ABOUT MY EMPLOYMENT , INCLUDING BUT NOT LIMITED TO A STATEMENT OF THE REASON FOR THE END OF MY EMPLOYMENT, WORK PERFORMANCE, ABILITIES, AND OTHER QUALITIES PERTINENT TO MY QUALIFICATIONS FOR EMPLOYMENT. IN GIVING THIS CONSENT, I HEREBY RELEASE MY PRESENT AND FORMER EMPLOYERS FROM ANY LIABILITY FOR DAMAGES ARISING FROM FURNISHING THE REQUESTED INFORMATION. I RELEASE CONSERVATION SOCIETY AND ITS AGENTS FROM ANY AND ALL LIABILITY, CLAIMS OR LAWSUITS IN REGARD TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THE ABOVE-REFERENCED SOURCES USED BY CONSERVATION SOCIETY. I ALSO ACKNOWLEDGE THAT FROM TIME TO TIME CONSERVATION SOCIETY MAY BE REQUESTED TO SUBMIT CERTAIN INFORMATION REGARDING MY EMPLOYMENT OR APPLICATION TO VARIOUS LOCAL, STATE OR FEDERAL GOVERNMENTAL AGENCIES; THEREFORE, I DO HEREBY AUTHORIZE CONSERVATION SOCIETY TO PROVIDE SUCH INFORMATION, AND RELEASE CONSERVATION SOCIETY, ITS AGENTS, ASSIGNS AND SUBSIDIARIES FROM ANY LIABILITY RESULTING FROM SUCH INFORMATION.

IF I AM HIRED, I AGREE TO COMPLY WITH THE CURRENT POLICIES, RULES, REGULATIONS, AND PROCEDURES OF CONSERVATION SOCIETY AND THOSE POLICIES, RULES, REGULATIONS, AND PROCEDURES WHENEVER ADOPTED OR MODIFIED BY CONSERVATION SOCIETY IN THE FUTURE. I UNDERSTAND THAT, IF I AM HIRED, MY EMPLOYMENT IS NOT FOR ANY SPECIFIC TERM AND MAY BE TERMINATED WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF EITHER CONSERVATION SOCIETY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF CONSERVATION SOCIETY OTHER THAN THE PRESIDENT, IN WRITING, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT DIFFERENT FROM OR CONTRARY TO THE FOREGOING. I FURTHER UNDERSTAND THAT ANY SUCH AGREEMENT, IF MADE, SHALL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING AND SIGNED BY ME AND BY THE PRESIDENT OF CONSERVATION SOCIETY.

SIGNATURE _____ DATE _____

IN CASE OF EMERGENCY NOTIFY _____
 NAME RELATIONSHIP

STREET CITY STATE ZIP PHONE NUMBER

INTERVIEWED BY _____ DATE _____

REMARKS

*****DO NOT WRITE BELOW THIS LINE*****

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES
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