



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

Name _____ Position applied for _____
(First, Last)

Address _____ City _____ Zip _____

Phone _____ E-mail _____

If hired, would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States.? Yes No

How did you learn about this position? _____

Do you have any relatives employed by NPLD? Yes No
 If yes, state name and relationship: _____

Are you over the age 16? Yes No

Have you ever applied to / worked for NPLD before? Yes No

If yes, please explain (include date) _____

Are you able to perform the essential functions of the job for which you are applying either with / without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

Employment History. List your last three employers

Employer		Work Performed
Address		Reason for leaving
Phone		May we contact this employer? Yes No
Job Title	Supervisor	Dates Employed To: From:

Employer		Work Performed
Address		Reason for leaving
Phone		May we contact this employer? Yes No
Job Title	Supervisor	Dates Employed To: From:

Employer		Work Performed
Address		Reason for leaving
Phone		May we contact this employer? Yes No
Job Title	Supervisor	Dates Employed To: From:

List any schools you attended below

Name of School/Location	Course	Years Completed	Degree, Diploma, Certificate	Did you graduate

References – List below three persons not related to you who have knowledge of your work performance

Name	Telephone number	Occupation / Title

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Date

Applicant's Signature