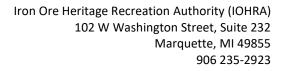


Iron Ore Heritage Recreation Authority Application

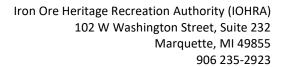
PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

PLEASE COMPLET	E PAGES 1-4		Date		
Name					
	Last First			Middle	
Present Address _					
	Number Street		City	State	Zip
Email:		Preferred Ph	one No. ()_		
Alternate Phone N	No. ()				
Driver's License N	o				
Position applied for			Day/hours available to work:		
			No Pre	f Thu	ır
			Mon	Fri	
Salary desired (b	e specific)		Tue	Sat	
			Wed	Sun	<u> </u>
Have you filed ar	application here before? \Box] Yes \square No	If Yes, give	date	
Have you ever be	een employed here before?] Yes 🗌 No	If Yes, give	date	
Employment des	ired □ FULL-TIME ONLY	PART-TIME ONLY	☐ FULL OR P	ART-TIME TEM	PORARY
When are you av	railable for work?		_ Can you travel	if a job requires it? ${f I}$	☐ Yes ☐ No
Are you working	now? 🛘 Yes 🗘 No	Are you on a lay-off	and subject to re	ecall? Yes	□ No
May we contact	your present employer? \Box	Yes 🗆 No			
Are you prevente	ed from lawfully becoming em	ployed in this country	because of Visa	or Immigration statu	s? 🗌 Yes 🔲 No
DUCATION	_				
Type of School	Name of School	Location	1	Years Completed	Major & Degree
Highschool					
College					
Business or					
Trade School					
Professional					
School					





HAVE YOU EVER BEEN CONVICTED OF A CRIMMINAL OFFENSE, (M	isdemeanor or Felony)?	□Yes□N	0	
If yes, explain number of conviction(s), nature of offense(s) leading	g to conviction(s), how r	ecently such offense(s)	was/were	
committed, sentence(s) imposed, and type(s) of rehabilitation.				
NOTE: A conviction record will not necessarily be a bar to employ of violation, and rehabilitation will be considered.	nent. Factors such as ag	e, time of offense, seric	ousness and nature	
REFERENCES:				
Please list two references other than relatives or previous emplo	yers.			
Name	Name			
Position	Name Position			
Company	Company			
Address	Address			
Telephone	Telephone			
	 □ No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	_			
Specialty Date Entered	Disc	charge Date		
WORK EXPERIENCE Please list your work experience beg employed, give firm name. Attach ac	= :		ere self -	
Name of employer	Name of last supervisor	Employment dates	Pay or Salary	
Address				
City, State, Zip		From	Start	
Phone Number		То	Final	
riione indilibei	Your last job title			
Reason for leaving (be specific)				





-		
	From	Start
_	То	Final
 Your last job title 		
Name of last supervisor	Employment dates	Pay or Salary
	From	Start
-	From To	Start Final
	Your last job title , advancements or prome	Your last job title , advancements or promotions while you worked a Name of last Employment dates



AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

	I hereby certify that all statements made on or in connection with my application are true, complete and correc
initial	to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.
	I authorize the IOHRA to contact any of the persons or organizations referenced in my application
initial	materials. I also authorize any person contacted to provide the IOHRA any and all information Regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the IOHI requesting employment records from my present and/or former employer(s).
	I understand that if certain positions have particular security requirements or if the IOHRA
initial	determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the IOHRA, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the IOHRA, its officers, agents, and employees from any liability, except for its negligence, related to the performance or resul of this check.
initial	I authorize the IOHRA to obtain a Background Check and / or Consumer Credit Report on me. This authorization valid for purposes of verifying information given pursuant to employment or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents. I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agenciety, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history.
initial	If accepted for employment not covered under a bargaining agreement, I understand that I will always be an "at-will" employee.
Applicant'	s Signature Date

Thank you for your interest in employment with the Iron Ore Heritage Recreation Authority

AN EQUAL OPPORTUNITY EMPLOYER

http://ironoreheritage.com/