



CEDAR VALLEY SEMINARY FOUNDATION
 200 N 7TH ST. OSAGE, IA
 (641)832-2857



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS
--------------	---------------	---------------

ARE YOU A U.S. CITIZEN? YES NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

POSITION

POSITION YOU ARE APPLYING FOR	AVAILABLE START DATE	DESIRED PAY
-------------------------------	----------------------	-------------

EMPLOYMENT DESIRED FULL TIME PART TIME SEASONAL/TEMPORARY

AVAILABILITY
(CHECK ALL THAT APPLY) MONDAYS 7 AM - 12 PM TUESDAYS 7 AM - 12 PM WEDNESDAYS 7 AM - 12 PM THURSDAYS 7 AM - 12 PM FRIDAYS 7 AM - 12 PM
 SATURDAYS 8 AM - 1 PM EVENINGS

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

REFERENCES

NAME	TITLE	COMPANY	PHONE

EMPLOYMENT HISTORY

EMPLOYER (1)	JOB TITLE	DATES EMPLOYED	
WORK PHONE	STARTING PAY RATE	ENDING PAY RATE	
ADDRESS	CITY	STATE	ZIP

EMPLOYER (2)	JOB TITLE	DATES EMPLOYED	
WORK PHONE	STARTING PAY RATE	ENDING PAY RATE	
ADDRESS	CITY	STATE	ZIP

EMPLOYER (3)	JOB TITLE	DATES EMPLOYED	
WORK PHONE	STARTING PAY RATE	ENDING PAY RATE	
ADDRESS	CITY	STATE	ZIP

SIGNATURE DISCLAIMER

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING
INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

NAME (PLEASE PRINT)	SIGNATURE
DATE	