

VOLUNTEER EXPERIENCE

Name of Organization	Position	Supervisor	Phone
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REFERENCES (People we may contact):

Name	Address	Phone number
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1. _____
2. _____
3. _____

Please read the following carefully.

To ***Applicant:***

Lake/Geauga Educational Assistance Foundation (LEAF) does not discriminate in hiring on the basis of race, color, religion, sexual orientation, national origin, sex or on the basis of age or disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. Acceptance for this application does not imply a guarantee of employment.

APPLICANT’S STATEMENT

I certify that my answers on this application are true and complete to the best of my knowledge. I recognize that my future employment is subject to termination should any of the statements on this application be false or inaccurate. I understand that final considerations of employment with LEAF are based upon satisfactory completion of all pre-employment requirements and procedures deemed necessary. A criminal background check including fingerprinting is required for all employees.

I understand and authorize any party or agency contacted by this employer to furnish the above-mentioned information. I recognize that I have a right to make a written request for complete and accurate disclosure concerning the nature and scope of the investigation conducted by the party or agency. In addition, I release those parties and/or agencies contacted from all liability whatsoever for issuing the requested information.

Should I be accepted for employment I understand that LEAF reserves the right to change scheduled hours within the context of LEAF policies and procedures.

My present employer may be contacted: YES NO

My past employers may be contacted: YES NO

Social Security Number _____

Signature of Applicant _____ Date _____