



# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

# Employment Experience or Attach Resume

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		
Address		
Telephone Number(s)		
Job Title	Supervisor	Employment Dates
Work Performed		
Reason for Leaving		

Employer		
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Telephone Number(s)		
Job Title	Supervisor	Employment Dates
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Reason for Leaving		

# Additional Information

## **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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## **References**

(Name) Phone #

(Name) Phone #

(Name) Phone #

### Please Note:

At the end of the three month employment date, the Trail Manager and Administrative Assistant will have a verbal or written self-evaluation discussion. At the end of the six month employment date, the probationary period would end. At that time, the Trail Manager or the Administrative Assistant will determine if the employment will continue.

# Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

In the event of my employment, I understand that false or misleading information given in this application or interviews may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations set forth by the Cannon Valley Trail.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT:** By signing this Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.