

**APPLICATION FOR EMPLOYMENT**

**American Legion Auxiliary  
National Headquarters**

8945 N. Meridian St.  
Indianapolis, IN 46260  
Tel: 317-569-4500 Fax: 317-569-4502

In compliance with federal, state, and local equal employment opportunity laws, applicants are considered for positions without regard to race, color, religion, sex, national origin, age, or the presence of a medical condition or disability which will not affect the applicant's ability to perform the job for which application is made.

**PLEASE PRINT**

Name: \_\_\_\_\_ Date application completed: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work? \_\_\_ Yes \_\_\_ No Will you work overtime if asked? \_\_\_ Yes \_\_\_ No

If not, what hours can you work? \_\_\_\_\_ When will you be available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No Are you a Veteran of the United States? \_\_\_ Yes \_\_\_ No

Referral Source: \_\_\_ Newspaper Ad \_\_\_ School \_\_\_ Relative/Friend  
\_\_\_ Auxiliary Employee \_\_\_ Agency \_\_\_ Other \_\_\_\_\_

**Educational Data**

Name	City & State	Dates Attended	Type of Course or Major	Did You Graduate?	Year of Graduation Or Degree
High School	_____	From _____ To _____	_____	_____	_____
College	_____	From _____ To _____	_____	_____	_____
Business, Trade or Technical	_____	From _____ To _____	_____	_____	_____

**Business Skills** (if applicable to position for which you are applying)

Typing Speed: \_\_\_\_\_ words per minute      Steno Speed: \_\_\_\_\_ words per minute      Can you transcribe machine dictation? \_\_\_ Yes \_\_\_ No

List computer software you have used: \_\_\_\_\_  
\_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** *List present or most recent employer first. (Use back of application or attach additional sheet if necessary.)*

_____ Employer	Dates of employment: From: _____ mo/yr To: _____ mo/yr
_____ Employer Address	_____ Employer phone (include area code)
_____ Supervisor's Name and Title	_____ Your job title
Duties: _____	
Reason for Leaving: _____	Pay Rate: Starting: _____ Ending: _____
May we Contact? ___ Yes ___ No	<i>Indicate if rate is hourly, weekly, monthly, or annual</i>

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*For additional positions, please continue on reverse or attach additional sheet.*

Do you have any physical disabilities or medical condition that ought to be considered due to their impact on your performance of the job for which you are applying? \_\_\_\_\_

Are you willing to undergo a pre-employment physical exam?    \_\_\_ yes            \_\_\_ no

Have you previously applied for employment with the American Legion Auxiliary? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you previously been employed by the American Legion Auxiliary? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are any of your relatives employed by the American Legion Auxiliary? \_\_\_\_\_

If yes, please list name, title and work location: \_\_\_\_\_

**Personal References:** *List three persons, other than relatives or former employers, whom you have known five years or more.*

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work or volunteer experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin and handicap.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agreement**

*(Please read the following statements carefully)*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the American Legion Auxiliary National Headquarters with information regarding my character, work performance, or other relevant information that may be required to arrive at an employment decision.

\_\_\_\_\_

signature

\_\_\_\_\_

date