



APPLICATION FOR EMPLOYMENT

All applicants are given equal consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status in conformity with all Federal and State Laws.

PERSONAL

DATE: _____ SOCIAL SECURITY NUMBER: x x x - x x -

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

OTHER NAME(S) USED LAST: _____ FIRST: _____ MIDDLE: _____

PRESENT ADDRESS: _____ HOW LONG: _____

PREVIOUS ADDRESS (IF LESS THAN 7 YRS): _____ HOW LONG: _____

TELEPHONE NUMBER(S) HOME: _____ WORK: _____ CELL: _____

ARE YOU AT LEAST 18 YEARS OLD? YES NO

WHO REFERRED YOU TO THE CENTER? _____

ARE YOU RELATED TO ANY EMPLOYEE OF THE CENTER? YES NO

IF YES, STATE NAME OF EMPLOYEE: _____ RELATIONSHIP: _____

CAN YOU PROVIDE PROOF OF ELIGIBILITY OR AUTHORIZATION TO WORK IN THE UNITED STATES?
YES NO YOU WILL BE REQUIRED TO COMPLETE AN I-9 FORM UPON HIRE.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO
ANSWERING "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.

IF YES, PLEASE PROVIDE DETAILS: _____

EMPLOYMENT DESIRED

INDICATE THE POSITION(S) FOR WHICH YOU ARE APPLYING: _____

FULL TIME? PART TIME? DATE AVAILABLE TO START? _____

DAYS AVAILABLE TO WORK?

S	M	T	W	T	F	S
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 HOURS AVAILABLE TO WORK? _____

DO YOU HAVE ANY COMMITMENTS THAT MIGHT EFFECT YOUR EMPLOYMENT WITH US? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ ARE YOU EMPLOYED NOW? _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT? YES NO

IF YES, PLEASE PROVIDE DETAILS: _____

EVER APPLIED TO THE CENTER? YES NO IS SO, WHEN? _____

THIS APPLICATION WILL BE AVAILABLE FOR CONSIDERATION FOR ONE MONTH; SHOULD YOU LIKE TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU WILL NEED TO COMPLETE A NEW APPLICATION.

BACKGROUND CHECKS AND OTHER ARRESTING DEVELOPMENTS

SKILLS

INDICATE SPECIAL SKILLS, SPECIAL TRAINING OR RELATED VOLUNTEER EXPERIENCE YOU HAVE APPROPRIATE TO THE POSITION HERE:

INDICATE ANY COMPUTER SKILLS (SOFTWARE USED) HERE: _____

EDUCATION

NAME OF SCHOOL	PRINT NAME, ADDRESS, CITY, STATE AND ZIP FOR EACH LISTING	# OF YEARS COMPLETED	DEGREE, MAJOR OR COURSE
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER			

EMPLOYMENT

DATES	PRINT NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

MILITARY

SERVICE BRANCH	DATE ENTERED	DATE SEPARATED	TYPE OF DISCHARGE	RANK AT DISCHARGE

ARE YOU A MEMBER OF THE RESERVES? YES NO IF YES, WHAT BRANCH/UNIT? _____

ARE YOU A VETERAN? YES NO IF YES, WHICH CAMPAIGN DID YOU PARTICIPATE IN? _____

INDICATE JOB-RELATED SKILLS ACQUIRED IN THE MILITARY: _____

BACKGROUND CHECKS AND OTHER ARRESTING DEVELOPMENTS

REFERENCES
(OTHER THAN RELATIVES)

NAME AND ADDRESS OF REFERENCE	OCCUPATION	TELEPHONE NUMBER(S)
1)		
2)		
3)		

It is this Agency's Policy to Check Each Candidate's Background Thoroughly. I Authorize Persons, Schools, My Current Employer (If Applicable), and Previous Employers and Organizations Named in this Application (And Accompanying Resume, If Any) to Provide Any Relevant Information That May Be Required to Arrive at an Employment Decision.

I AGREE TO SIGN AND COMPLETE THE ATTACHED FAIR CREDIT REPORTING ACT DISCLOSURE, AUTHORIZATION AND RELEASE FORM.

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 Also Agree That Any Falsified Information or Significant Omission May Disqualify Me from Further Consideration for Employment and May Be Considered Justification for Dismissal If Discovered at a Later Date.

I Understand That My Employment and Compensation Can Be Terminated at Will, With or Without Cause or Reason, With or Without Notice, and at Any Time, at the Option of Either the Agency or Myself.

I Further Understand That No Manager or Other Representative of the Agency Other than the Executive Director or Chief Human Resources Director Has Any Authority to Enter into Any Agreement for Employment for Any Specified Period of Time. I Also Understand and Agree That Any Claim of Continued Employment for Any Specified Period of Time Shall Be Nonbinding on the Agency and Unenforceable by Me Unless It Is Reduced to Writing and Signed by Either the Executive Director or Chief Human Resources Director.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE