

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

1. If you are under 18 years of age, can you provide proof of your eligibility to work?
_____ Yes _____ No _____ N/A
2. Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain _____

3. Are you physically or otherwise unable to perform the duties of the job for which you
are applying? _____ Yes _____ No

EMPLOYMENT DESIRED

Position: _____

Date you can start: _____ Desired Salary: _____

_____ Full-time _____ Part-time _____ Per Diem _____ Temporary

Are you employed now? _____ Yes _____ No

Have you ever applied to this Center before? _____ Yes _____ No
If yes, when? _____

How did you find out about this job opening? _____

EDUCATION

High School _____

Years Attended _____ Date Graduated _____

College _____

Date Graduated _____ Degree _____

1. Special Skills and Qualifications:

2. Subject of special study or research and development:

3. What foreign languages do you speak/read/write?

4. List Professional, trade, business, or civic activities and offices held?

CURRENT / FORMER EMPLOYERS

Name and Address _____
Position: _____ Salary _____
Work Performed: _____
From _____ To _____
Reason for leaving: _____

Name and Address _____
Position: _____ Salary _____
Work Performed: _____
From _____ To _____
Reason for leaving: _____

Name and Address _____
Position: _____ Salary _____
Work Performed: _____
From _____ To _____
Reason for leaving: _____

REFERENCES (WHO ARE NOT RELATED)

Name _____
Email Address _____ Telephone # _____

Name _____
Email Address _____ Telephone # _____

Name _____
Email Address _____ Telephone # _____

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

I authorize investigation of all statements contained in this application and verification of licensure status and history. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I understand that I am required to abide by all the rules and regulations of the Center.

Print Name

Professional License Number
(if applicable)

Signature

Date

DO NOT WRITE BELOW THIS LINE

Interviewed By _____

Remarks _____

Neatness _____
Personality _____

Character _____
Ability _____

Hired _____
Position _____
Salary/Wages _____

For Department _____
Will Report _____
Approved _____