**POSITION APPLIED FOR:**

**EMPLOYMENT APPLICATION**

*Insert Center Name, Logo, Address Here*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *(Insert Center name)* does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services and activities. Equal access to programs, services and employment, is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Center Director. | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| LAST NAME | | | | | | FIRST NAME | | | | MIDDLE NAME | | |
| STREET ADDRESS | | | | | | CITY | | | | STATE | | ZIP |
| #1 TELEPHONE  ( ) | | | | #2 TELEPHONE  ( ) | | | | | | BEST TIME TO REACH YOU | | |
| EMAIL ADDRESS: | | | | | | | | DATE OF APPLICATION: | | | | |
| If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? YES  NO | | Have you ever been convicted of or plead no contest to a crime?  YES\*  NO \* If YES, please explain:  (Please note that a conviction does not necessarily disqualify an applicant from employment. Also, “conviction” includes sentenced to confinement, payment of fines, time served, probation, deferred adjudication, and/or court-ordered restitution.) | | | | | | | | | | |
| How were you referred to the center?  Walk-in  Advertisement (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Fair  Government Agency  Internet  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current or Former Employee ( please list name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Please list any friends or family members who are current employees:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Friend  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Friend  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Friend | | | | | | | | | | | | |
| **AVAILABILITY** | | | | | | | | | | | | |
| What type of employment?  Full-time  Part-time  PRN  Temporary | | | Which shift do you prefer?    DAYS  EVENINGS  NIGHTS  WEEKENDS ONLY | | | | | | If hired, when could you start? | | | |
| Will you work overtime if required? YES  NO  If no, please explain: | | | | | Minimum Salary : | | | | | | | |
| **EDUCATION**  *Starting with your most recent school attended, provide the following information:* | | | | | | | | | | | | |
| Name of School | Address and City | | | | | | Completed | | | | Major | |
|  |  | | | | | | Diploma  GED  Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  |  | | | | | | Diploma  GED  Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  |  | | | | | | Diploma  GED  Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPERIENCE** | | | | | | | | | |
| Have you ever worked for this center as  An Employee? YES  NO From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_  A Contractor? YES  NO From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_  Name of Contractor/Agency: | | | | | | | | | |
| ***List your full employment experience, beginning with the most recent.*** | | | | | | | | | |
| Employer | | | | | | | | List all Job Duties | |
| Supervisor/Title | | | | Telephone # | | | |
| Address | | | | | | | |
| Position When Hired | Current or Last Position | | | | | | |
| Date of Employment  from \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_ | | Starting Pay | Ending Pay | | | Type of Pay  Hourly  Salaried | |
| Did you leave voluntarily?  Yes  No If no, explain: | | | | | Full- time  Part-time  PRN  Temporary | | |
|  | | | | | | | | | |
| Employer | | | | | | | | List all Job Duties | |
| Supervisor /Title | | | | Telephone # | | | |
| Address | | | | | | | |
| Position When Hired | Last Position | | | | | | |
| Date of Employment  from \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_ | | Starting Pay | Ending Pay | | | Type of Pay  Hourly  Salaried | |
| Did you leave voluntarily?  Yes  No If no, explain: | | | | | Full- time  Part-time  PRN  Temporary | | |
|  | | | | | | | | | |
| Employer | | | | | | | | List all Job Duties | |
| Supervisor /Title | | | | Telephone # | | | |
| Address | | | | | | | |
| Position When Hired | Last Position | | | | | | |
| Date of Employment  from \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_ | | Starting Pay | Ending Pay | | | Type of Pay  Hourly  Salaried | |
| Did you leave voluntarily?  Yes  No If no, explain: | | | | | Full- time  Part-time  PRN  Temporary | | |
|  | | | | | | | | | |
| **LICENSES AND/OR CERTIFICATIONS (*including Driver’s License)*** | | | | | | | | | |
| Type of License/Certification | Issuing State and/or Agency | | | | | | Number | | Expiration Date |
|  |  | | | | | |  | |  |
|  |  | | | | | |  | |  |
|  |  | | | | | |  | |  |
| Has your license, registration or certification ever been suspended, revoked or had a disciplinary action taken against it? YES  NO If yes, explain: | | | | | | | | | |
| A**PPLICANT’S STATEMENT** | | | | | | | | | |
| I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by *(insert Center name)* and if the center discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.  I agree to submit to a medical evaluation which may include testing for illegal drugs or alcohol, prior to beginning work with the facility. I understand that if I am employed by the facility, I may be required, when job related and consistent with the center’s business needs, to undergo a medical examination or testing for illegal drugs and alcohol.  I understand that this application will be considered active for one (1) year from the date listed below. If I wish to be considered for a job with the center after this period of time, I must complete a new application.  I understand that neither this document nor any offer of employment from *(insert Center name)* constitutes an employment contract unless a specific document to that effect is executed and signed by the representative of *(insert Center name)* and the employee in writing. I understand and agree that, if hired, my employment will be for no definite period of time and may be terminated at any time without notice and with or without reason, by either myself or *(insert center name)*.  If hired, I agree to abide by all the center’s rules and regulations.  I authorize investigation of all statements contained in this application and supporting documents, including but not limited to resumes, licenses and certifications, which the center deems necessary to determine my qualifications for employment. I give *(insert center name)* my permission to contact any former or current employer, school, credit bureau, personal or professional reference or any other appropriate source or individual for the purpose of gathering information. I further give my consent to any such source to release to the center or its agents whatever information requested. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing truthful information about me.  **SIGNATURE OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |