



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet <input type="checkbox"/> Government Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone	Cell Phone	E-Mail Address	

Best time to contact you is: _____ : _____ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available to work ____/____/____ What is your desired salary range: _____

Are you available to work: Full Time Part Time School Calendar (44 or 48 weeks) Temporary

Can you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain _____

Answer the following question if applying for a Head Start position.			
Do you currently have a child in EHS/HS?	_____	Yes	_____
			No
Have you ever had a child in EHS/HS?	_____	Yes	_____
			No

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related U.S. military or State militia assignments and voluntary activities that are relevant to your ability to perform the job. You may exclude organizations, which identify your race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers (s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				

Reason for leaving

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers (s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				

Reason for leaving

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers (s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				

Reason for leaving

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are relevant to your ability to perform the job.

Describe any job-related training received in the U.S. military or State militia that is relevant to your ability to perform the job.

List professional, trade, business or civic activities and offices held, that are relevant to your ability to perform the job.
You may exclude membership, which would identify your gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information and/or Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

Special Skills (may mark more than one)

<input type="checkbox"/> Professional License	Specify _____
<input type="checkbox"/> Foreign Language	Specify _____
	(Complete only if job related)
<input type="checkbox"/> Typing WPM _____	
<input type="checkbox"/> Computer	Specify _____
<input type="checkbox"/> Word Processing	Specify _____
<input type="checkbox"/> Shorthand	
<input type="checkbox"/> Other	Specify _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO

Personal/Professional References		Do not include family members		
Name	Address	Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date