



Catalyst for Positive Community Change

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST) _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____

EMAIL ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO DATE OF BIRTH _____

POSITION SOUGHT: _____ DATE YOU CAN START _____

DESIRED WAGE/SALARY \$ _____ DRIVERS LICENSE NUMBER _____

ARE YOU A U.S. CITIZEN, OR ARE YOU OTHERWISE AUTHORIZED TO WORK IN THE U.S. WITHOUT ANY RESTRICTION? [] Yes [] No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] Yes [] No IF YES, PLEASE DESCRIBE CIRCUMSTANCES: _____

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM ANY POSITION OF EMPLOYMENT? [] Yes [] No

IF YES, PLEASE DESCRIBE CIRCUMSTANCES:

IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? [] Yes [] No

EDUCATION				
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

OTHER TRAINING, CERTIFICATIONS, OR LICENSES HELD:

LIST OTHER INFORMATION PERTINENT TO THE EMPLOYMENT YOU ARE SEEKING:

EMPLOYMENT

(MOST RECENT FIRST.)

1. EMPLOYER _____ JOB TITLE _____

DATES EMPLOYED _____ PRIOR POSITION HELD WITHIN COMPANY (IF ANY):

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ JOB TITLE _____

SUPERVISOR _____ STARTING SALARY _____

ENDING SALARY _____ DUTIES PERFORMED

REASON FOR LEAVING

2. EMPLOYER _____ JOB TITLE _____

DATES EMPLOYED _____ PRIOR POSITION HELD WITHIN COMPANY (IF ANY):

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ JOB TITLE _____

SUPERVISOR _____ STARTING SALARY _____

ENDING SALARY _____ DUTIES PERFORMED

REASON FOR LEAVING

3. EMPLOYER _____ JOB TITLE _____

DATES EMPLOYED _____ PRIOR POSITION HELD WITHIN COMPANY (IF ANY):

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ JOB TITLE _____

SUPERVISOR _____ STARTING SALARY _____

ENDING SALARY _____ DUTIES PERFORMED

REASON FOR LEAVING

4. EMPLOYER _____ JOB TITLE _____

DATES EMPLOYED _____ PRIOR POSITION HELD WITHIN COMPANY (IF ANY):

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ JOB TITLE _____

SUPERVISOR _____ STARTING SALARY _____

ENDING SALARY _____ DUTIES PERFORMED

REASON FOR LEAVING

REFERENCES			
NAME	ADDRESS	YEARS KNOWN	BUSINESS

ACKNOWLEDGMENT AND AUTHORIZATION

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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 45 DAYS. 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