

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer and comply with all federal, state and local laws which prohibit discrimination in employment because of race, color, national origin, age, sex, religion, disability, marital status, veteran status, and arrest record.*

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

### **GENERAL INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date Available: \_\_\_\_\_ Hours Available: \_\_\_\_\_

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Are you seeking: **Full-time**  **Part-time**  for **Summer**  **School Year**

Are you legally authorized to work in the United States on a full-time or permanent basis? Yes  No

If hired, can you furnish proof you are eligible to work in the United States? Yes  No

Are you 18 years of age or older? Yes  No

(If you are hired, you may be required to submit proof of age.)

Have you, since attaining the age of 18, been convicted of a criminal or traffic offense? (Exclude minor traffic violations.) Include any plea of "guilty" or "no contest." Conviction will not disqualify you from employment unless there is a direct relationship to the job or your employment would pose an unreasonable risk to property or safety.

Yes  No  If yes, give details (A conviction will not necessarily disqualify an applicant for employment) \_\_\_\_\_

Have you ever been charged with or convicted of an act of child abuse or an unlawful sexual offense?

Yes  No  If yes, give details: \_\_\_\_\_

Have you worked or attended school under any other names?

Yes  No  If yes, give names: \_\_\_\_\_

Are you presently employed?

Yes  No  If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign?

Yes  No  If yes, explain: \_\_\_\_\_

## EDUCATION

	List Name and Address of Schools	Number of Years Completed	Diploma/ Degree Certificate
High School or GED			
College or University			
Subjects Studied			
Post-Graduate			
Subjects Studied			
Vocational or Technical			
Subjects Studied			
Please list Additional Certifications			

## SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_  
 List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, religion, age, sex, national origin, disability, or other protected status.)

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

**Note: A job offer is contingent upon acceptable references from current to former employers.**

Name, Address and Telephone of Employer	<b>Employed</b>		<b>Pay</b>		Reason for leaving
	<b>From(mo/yr)</b>	<b>To (mo/yr)</b>	<b>Start</b>	<b>Final</b>	
			\$	\$	
Duties					Supervisor(s)
Job Title					

Name, Address and Telephone of Employer	<b>Employed</b>		<b>Pay</b>		Reason for leaving
	<b>From(mo/yr)</b>	<b>To (mo/yr)</b>	<b>Start</b>	<b>Final</b>	
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Duties					Supervisor(s)
Job Title					

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			\$	\$	
Duties					Supervisor(s)
Job Title					

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			\$	\$	
Duties					Supervisor(s)
Job Title					

**REFERENCES**

Give three references, not relatives or former employers.

Name	Address	Phone

Some positions require a TB test within six months prior to employment and a physical exam and statement on the health of the employee from a physician. Some positions require current CPR, First Aid, and bloodborne pathogen training throughout employment.

*Please attach a resume that includes all requested information about your education and employment history.*

**AFFIDAVIT, CONSENT AND RELEASE**

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGING

I certify that all information provided in this employment application is true and complete. I understand that false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, School, Current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I hereby release all such person and organizations from any legal liability in making such statements.

I understand I may be required to successfully past a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pr-employment physical examination. I consent to the release of any or all medial information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE HEAD OF SCHOOL OR BUSINESS MANAGER OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYEMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEEMENT MUST BE IN WRITING, SIGNED BY THE HEAD OF SCHOOL AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time.  
Ask the organization’s representative for details.