

# APPLICATION FOR EMPLOYMENT

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

<b>PERSONAL INFORMATION</b>			
Last name:	First Name:	Middle:	
Address:	City:	State:	Zip:
Phone:	Message:	Social Security #:	
Email:	FAX:		

<b>EMPLOYMENT INFORMATION</b>
Position applied for:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes. Please complete the following information
Employer's Name:
Employer's Address:
1. How long have you worked for your current employer?
2. If offered a position when can you report for work?
3. Have you ever been dismissed or asked to resign form a position?
4. Have you ever been convicted of a crime?
5. Have you ever had a protective services investigation (PSI) that resulted in a substantiated allegation of abuse of a child or an adult ?
If yes to questions 3,4 or 5, please explain (when and where?):

<b>EDUCATION</b>		
Please list all school attended, and any pertinent information regarding your education		
School(s)	Subjects Studied	Degree or hours earned

<b>EMPLOYMENT EXPERIENCE (list most recent experience first)</b>		
Employer:	Position:	Dates of employment:
Reason for leaving:		
Employer:	Position:	Dates of employment:
Reason for leaving:		
Employer:	Position:	Dates of employment:
Reason for leaving:		
Employer:	Position:	Dates of employment:
Reason for leaving:		
Employer:	Position:	Dates of employment:
Reason for leaving:		
Employer:	Position:	Dates of employment:
Reason for leaving:		

<b>REFERENCES</b>		
Name and Address	Phone	Relationship

<b>Additional Skills and Training</b>
Please list any additional skills or training you've had: Example: Microsoft Word, First Aid/ CPR

**I certify that all statements made herein and on the enclosed resume (if provided) are true and accurate to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application. I understand that if hired I must prove that I am legally authorized to work in the United States.**

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