

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in making a fair determination regarding the position for which you have applied and may assist us in possible future upgrading.

PLEASE PRINT PLAINLY - BLACK BALL POINT PEN

PERSONAL

DATE: _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Social Security Number _____ Telephone Number _____

Are you legally eligible for employment in the United States of America? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Type of work desired _____

Were you previously employed by us? _____ If yes, when? _____

If considered for employment, on what day will you be available for work? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization? _____

Are you a Christian? Yes _____ No _____ Church you attend _____

Have you ever been convicted of a felony/ies? Yes _____ No _____ If yes, please describe all such occurrences: _____

Have you ever been convicted of any act of sexual abuse against another person? Yes _____ No _____
If yes, please explain _____

Cleveland residence is expected to be for _____ years; Permanent _____ Indefinite _____

List below all present and past employment, beginning with your most recent:

I.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

II.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

III.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

IV.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning any information you deem relevant.

Signed _____

REFERENCES OTHER THAN FORMER EMPLOYERS

1. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____

Telephone: _____

2. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____

Telephone: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Give experience and speed in:

Bookkeeping _____ Data Terminal _____

Accounting _____ Computer Programming _____

Typing _____ Computer Operator _____

Shorthand _____ Adding Machine _____

List other machines or equipment you can operate efficiently.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete, I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin or handicap. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it.

Do you have any physical defects which preclude you from performing certain kinds of work? _____

If yes, describe such defects and specific work limitations.

Are you a Christian? Yes _____ No _____ Church you attend _____

Date of Birth: Month _____ Day _____ Year _____