



Application for Employment

APPLICANT INFORMATION					
Last Name		First	Middle	Date	
Street/Mailing Address			Apartment/Unit #		
City		State	ZIP		
Phone		E-mail			
Date Available	Social Security No		Desired Salary		
Are you a citizen of the United States?		Y <input type="checkbox"/>	N <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				Y <input type="checkbox"/>	N <input type="checkbox"/>
Have you ever worked for this company?		Y <input type="checkbox"/>	N <input type="checkbox"/>	If so, when	
POSITION INFORMATION					
Position Applied for					
Hours: Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	Check all you are willing to work:	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>
				Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
QUALIFICATIONS					
<i>Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, or technical programs, and military training.</i>					
High School		Address			
From	To	Did you graduate?		Degree	
College		Address			
From	To	Did you graduate?		Degree	
Other		Address			
From	To	Did you graduate?		Degree	
Other		Address			
From	To	Did you graduate?		Degree	
SPECIAL SKILLS					
<i>List any special skills or experience that you feel would help you in the position that you are applying for. Examples: leadership positions, organizations/teams, etc.</i>					



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REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you do not have professional references, then list personal, unrelated references.

Full Name	Relationship
Employer	Phone ()
Address	
Full Name	Relationship
Employer	Phone ()
Address	
Full Name	Relationship
Employer	Phone ()
Address	

WORK HISTORY

Job Title #1	Supervisor		
Employer	Address		
Start Date	End Date	Starting Salary \$	Ending Salary \$
Responsibilities			
May we contact your previous supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Job Title #2	Supervisor		
Employer	Address		
Start Date	End Date	Starting Salary \$	Ending Salary \$
Responsibilities			
May we contact your previous supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			



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Job Title #3		Supervisor	
Employer		Address	
Start Date	End Date	Starting Salary \$	Ending Salary \$
Responsibilities			
May we contact your previous supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain:			
CRIMINAL HISTORY			
1. Have you ever been arrested for, charged with, convicted of, or pled guilty to a felony?			
2. If so, state the date, charge, and circumstances surrounding the arrest, charge, or conviction.			
3. Were you convicted of the offense(s) listed in response to question 2?			
4. Have you ever been arrested for, charged with, convicted of, or pled guilty to a drug (prescription or illicit drug) related offense?			



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5. If so, state the date, charge, and circumstances surrounding the arrest, charge, or conviction.
6. Were you convicted of the offense(s) listed in response to question 5?
7. Have you ever been arrested for, charged with, convicted of, or pled guilty to theft, burglary, robbery, forgery, fraud, extortion, or other similar offenses?
8. If so, state the date, charge, and circumstances surrounding the arrest, charge, or conviction.
9. Were you convicted of the offense(s) listed in response to question 8?
10. Have you ever been arrested for, charged with, convicted of, or pled guilty to elder abuse/neglect or child abuse/neglect?
11. If so, state the date, charge, and circumstances surrounding the arrest, charge, or conviction.
12. Were you convicted of the offense(s) listed in response to question 11?
DRIVING HISTORY
1. Do you have a valid driver's license? Issuing State: DL Number:
2. Has your license ever been suspended, revoked or cancelled?
3. If you answered yes, state the date and circumstances of the suspension, revocation or cancellation.
4. Have you had any moving violations in the past five (5) years?
5. If you answered yes, state the date and circumstances of the violation(s).
6. Have you had any accidents in the past five (5) years?



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7. If you answered yes, state the date and circumstances of the accident(s).
8. Have you ever been arrested for, charged with, convicted of, or pled guilty to driving under the influence of drugs or alcohol?
9. If you answered yes, state the date of the incident and whether you were convicted.
10. Have you ever been arrested for, charged with, convicted of, or pled guilty to reckless driving?
11. If you answered yes, state the date of the incident and whether you were convicted.

CERTIFICATION AND SIGNATURE

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize 8th Street Community to make an investigation of any of the facts set forth in this application, and release 8th Street Community from any liability. I understand that should an offer of employment be made, a request for a background check and drug test will be conducted. 8th Street Community may contact any listed reference on this application. I acknowledge and understand that 8th Street Community is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employer) may resign at any time just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. 8th Street Community is an Equal Opportunity Employer and a Drug-Free Workplace. We are pleased to consider all qualified applicants for employment without regard to race, color, gender, religion, national origin, age, marital status, veteran status, physical or mental disability, or any other protected classifications.

Signature

Date