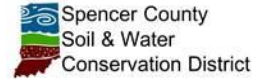


# Application for Employment



We consider applicants of all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Position(s) you are applying for: <b>Program Administrator</b>	Date of Application:
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How did you learn about the position?	<input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend	

Last Name	First Name	Middle Initial
Address:		
Home phone:	Cell phone:	Last four digits of your SSN: XXX-XX-

Are you able to work in the U.S.?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you able to provide proof of citizen ship or immigration status?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever filed an application with us before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, give date _____				
Have you ever been employed with us before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, give date _____				
Are you currently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
May we contact your present employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently on a layoff status and subject to recall?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you travel if the job requires it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Conviction will not necessarily disqualify an applicant from employment</i>				
If yes, please explain:				

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Are you available to work:     Full time     Part time     Shift Work     Temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education	High School				Undergraduate College/ University				Graduate/ Professional			
	School Name and Location											
Years completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma or degree												
Course of Study												
Describe any specialized training, apprenticeship, skills and extracurricular activities:												
Describe any honors you have received:												
State any additional information you feel may be helpful to us in considering your application.												

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

**List any professional, trade, business, or civic activities and offices held.** You may exclude any memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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## References:

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

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Have you ever had any job-related training in the US Military

 Yes

 No

If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

 Yes

 No

# Employment Experience

Please begin with your most recent experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1	Employer	Dates Employed		Duties and Responsibilities
		From	To	
	Address			
	Telephone	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor			
Reason for Leaving				
2	Employer	Dates Employed		Duties and Responsibilities
		From	To	
	Address			
	Telephone	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor			
Reason for Leaving				
3	Employer	Dates Employed		Duties and Responsibilities
		From	To	
	Address			
	Telephone	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Applicant's Statement

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I certify that the 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 for any application other than Intern Positions. 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 acknowledge that any employment relationship with this Company 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 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 the Company.

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

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## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Remarks				
Interviewer(s)				Date: _____
Employ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Job Title:	_____			
Hourly Rate/ Salary:	_____			
Department:	_____			

Notes:

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