

Application for Employment



PLEASE PRINT

CURRENT AS OF 12/2005

Position(s) applied for: _____ Date of Application: ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name: _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Cell/Pager/Other Phone # (____) _____ Email Address _____

If necessary, the best time to call you at home is AM
PM

May we contact you at work? Yes No

If yes, your work number and the best time to call is (____) _____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) applied for _____ / ____/ ____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

After an offer of employment, can you show proof of your identity and eligibility to work in the U. S.? Yes No

Date available for work ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been convicted of a crime, including either a felony or a misdemeanor? A "conviction" includes a plea, verdict, or finding of guilt regardless of whether sentence was imposed by the court. [You must not list (1) convictions related to marijuana more than two years ago, (2) convictions which have been judicially sealed, expunged, or statutorily eradicated, (3) misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, and (4) any information concerning a referral to, and participation in, any trial or post-trial diversion program]..... Yes No

If yes, please explain _____

Driver's license number if driving is an essential job function _____ State _____

Who shall we contact in case of emergency _____
NAME RELATIONSHIP TO YOU
ADDRESS PHONE NUMBER

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Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE NUMBER ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
EMPLOYER		TELEPHONE NUMBER		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		()		
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
EMPLOYER		TELEPHONE NUMBER		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		()		
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
EMPLOYER		TELEPHONE NUMBER		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	

Have you ever been terminated or asked to reign from any employment? Yes No

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. (EXCLUDE INFORMATION THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD, OR ANY OTHER PROTECTED STATUS.)

Educational Background (if job related)

A. List last three (3) schools attended, starting with the most recent, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average (GPA) or Class Rank (CR), E. Major field of study, F. Minor field of study (if applicable).

A. NAME OF SCHOOL	B. NUMBER OF YEARS	C. DEGREE OR DIPLOMA	D. GPA / CR	E. MAJOR	F. MINOR

Have you ever worked or attended school under a different name?..... Yes No

If yes, what name(s): _____

References

List name and telephone number of three (3) business/work references who *are not* related to you and *are not* previous supervisors. If not applicable, list three (3) school or personal references who *are not* related to you.

NAME	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER PROTECTED STATUS.

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Additional Information Continued...

List any additional information you would like us to consider _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, it’s representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, it’s agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

I understand that, if hired, all employment at New Directions For Women is “at-will”. This means that an employee may resign at any time, with or without cause and with or without advance notice. Likewise, New Directions For Women has the right to terminate an employee’s employment at any time, with or without advance notice, and with or without cause. In addition, New Directions For Women may promote, transfer, reassign, demote, suspend or otherwise change the terms and conditions of an employee’s employment at any time with or without cause or prior notice. No one other than the Executive Director/CEO has the authority to alter this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement to the contrary of this policy. Any such agreement must be in writing, must be signed by the Executive Director/CEO and the employee and must be approved by a written resolution of the Board of Directors. The Executive Director/CEO (and Board of Directors when deemed appropriate) has the authority to dismiss an employee in his or her (or its) sole discretion.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____/_____/_____

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