

AN EQUAL OPPORTUNITY EMPLOYER – M/F/V/D



## APPLICATION FOR EMPLOYMENT

All offers of employment are contingent on consenting to and passing a drug screen, background check and TB Skin Test.	It is the policy of The Center to consider all applicants for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status.
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Name	Last	First	Middle Name	Today's Date		
Home Address	No. and Street	City	State	Zip Code	How long at this address?	Phone Number & Area Code
Previous Address	No. and Street	City	State	Zip Code	How long at this address?	
Are you at least 18 years old? Yes ___ No ___		Who referred you to The Center?		Are you legally eligible to work in the USA? Yes ___ No ___ If no, state Visa Status:		
Are you related to any employee of The Center? Yes ___ No ___ If yes, state name of employee _____ Relationship _____						
Position for which applying			Wage Requirement		Date Available to Work	

**List last three employers, beginning with most recent first. Include summer employment.**

<b>W O R K</b>	Company name, address and type of business	From				To				Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____
	Phone: _____ Supervisor: _____	Month	Year	Month	Year	Beginning wage: _____ Ending wage: _____				
<b>E X P E R I E N C E</b>	Company name, address and type of business	From				To				Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____
	Phone: _____ Supervisor: _____	Month	Year	Month	Year	Beginning wage: _____ Ending wage: _____				
	Company name, address and type of business	From				To				Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____
	Phone: _____ Supervisor: _____	Month	Year	Month	Year	Beginning wage: _____ Ending wage: _____				

<b>S K I L L S</b>	List any special skills, special training or related volunteer experience you have appropriate to the position: _____
	_____
	Computer skills(softwares used): _____

<b>E D U C A T I O N</b>	<b>Type of degree</b>	<b>Name &amp; Address of School</b>	<b>Did You Graduate?</b>	<b>Primary course of study</b>
	GED			
	High School			
	Business/Trade School			
	College			Degree type: _____
	College			Degree type: _____
	Graduate School			Degree type: _____
	Other education			Degree type: _____
List professional, technical, honorary memberships, licenses, certifications currently held: _____ _____				

<b>M I L I T A R Y</b>	<b>Service Branch</b>	<b>Date Entered</b>	<b>Date Separated</b>	<b>Type of Discharge</b>	<b>Rank at Discharge</b>
	Are you a member of the reserves? _____ If yes, what branch/unit? _____				
	Indicate job-related skills acquired in the military: _____				

<b>Have you ever been convicted of a felony?</b> _____ <b>Have you ever been convicted of a misdemeanor?</b> _____ If yes, explain _____ Date of conviction: _____ State: _____ <b>Are you now or have you ever been on Deferred Adjudication?</b> _____ If so, for what and for how long? _____
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I authorize The Center to investigate all information contained in this application for employment. I release from all liability all companies, institutions and corporations supplying such information. I understand that any omissions, false statements/answers, concealment or implications made by me in this application or on other required documents may result in denial of employment or termination. Upon termination of my employment regardless of reason, I release The Center from all liability for supplying any information regarding my employment to any potential employer. I authorize The Center to request a copy of my credit report, a copy of my motor vehicle driving record, conduct a criminal conviction background check and obtain educational transcripts prior to my employment or at any time during my employment. I also consent to a drug screen and physical examination (if required) prior to employment or at any time during my employment. I understand that this is simply an application for employment and no contract is being offered. Further, I understand that if I am employed, my employment is for an indefinite period of time and that The Center can change wages, benefits and employment conditions at any time. I understand my employment may be terminated any time by me or The Center for any reason with or without notice. I certify that all statements and information contained in this Application are true and correct. I have read and understand the above. A copy of this release is as valid as the original.

Signature: _____	Date: _____
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