



Application for Employment

We are an Equal Opportunity Employer

All applicants will be considered without regard to their age, race, creed, color, disability, marital status, sex, national origin, or other legally protected status.

Date:

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)
Home Address		Social Security Number - -
City	State	Zip
Home Telephone ()		Business Telephone ()
May we contact your work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Applying For		Date Available
Are you interested in (check all that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		

EDUCATION

Type of School	Name and Location of School	Degree area of Study	Number of years attended	Graduated (Check One)
High School	Name			<input type="checkbox"/> Yes
	Address			<input type="checkbox"/> No
College	Name			<input type="checkbox"/> Yes
	Address			<input type="checkbox"/> No
Graduate School	Name			<input type="checkbox"/> Yes
	Address			<input type="checkbox"/> No
Other	Name			<input type="checkbox"/> Yes
	Address			<input type="checkbox"/> No

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.?
 Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No

If yes, give name of company

Reason for discharge

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

May we contact your present employer? Yes No

Please indicate if you were employed under a different name.

Dates	Name and Address of Employer	Position held and Supervisor	List Major Duties	Salaries or Wages	Reason for Leaving
From: Mo/Yr To: Mo/Yr	Name: Address: Phone:	Job Title Supervisor		Starting: Ending:	
From: Mo/Yr To: Mo/Yr	Name: Address: Phone:	Job Title Supervisor		Starting: Ending:	
From: Mo/Yr To: Mo/Yr	Name: Address: Phone:	Job Title Supervisor		Starting: Ending:	
From: Mo/Yr To: Mo/Yr	Name: Address: Phone:	Job Title Supervisor		Starting: Ending:	

REFERENCES

Business References: Do not list relatives, please indicate if you were employed under a different name.

Name	Address	Phone #	Business / Title	Years Known
		()		
		()		
		()		

Please describe why you want to work for us:

ACKNOWLEDGEMENTS AND AUTHORIZATIONS

I certify that all my answers in this Application are true and complete. I understand that this employer may refuse to hire me or terminate my employment if I make any false or incomplete statements on this Application.

I authorize this employer to investigate all statements made on this application. I also authorize the references and past employer listed above to release any and all information concerning my previous employment to this employer and I release the references, past employers and this employer from all liability or loss that may result from the disclosure or use of such information.

I understand that if I am hired my employment will be on an "at-will" basis, meaning that either I or my employer can end my employment at any time, with or without notice and with or without any cause or reason, and that no one has the authority to alter this or create any contract unless in writing signed by the president of this employer.

I consent to any pre-employment physicals, or drug testing that is required of this employer. I further agree that this employer may obtain a copy of my driving record.

I further represent that I am not legally restricted in any manner from being employed by this employer.

DATE: SIGNATURE:

Please enter your full name.

By entering your name, you authorize New Community Shelter to validate the information entered in this application for employment.