



APPLICANT INFORMATION										
Last				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone					E-mail Address					
Date Available				Social Security No.					Desired Salary	
Position Applied for					Days/Hours Available					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION									
High School					Address				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES
<i>Please list three professional references.</i>

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

PREVIOUS EMPLOYMENT									
Company						Phone		()	
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone		()	
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone		()	
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature		Date	
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Thank you for completing this application form and for your interest in our center.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

COMMENTS:
(If under 18, please list age) _____

REMARKS		
Neatness	Character	
Personality	Ability	
Hired	Position	Salary/Wage