



## Employment

Position(s) applying for:

Date you can start:

Salary desired:

Type of employment desired:

Full-time

Part-time

Temporary

Seasonal

Are you able to meet the attendance requirements of the position for which you are applying?

Yes  No

Are you legally eligible for employment in this country?

Yes  No

Are you currently employed?

Yes  No

If yes, may we contact your present employer?

Yes  No

Have you ever been employed by The PROGRAM before?

Yes  No

If yes, give date(s) and position(s)

Have you ever applied for employment with The PROGRAM before?

Yes  No

If yes, please state where and when

## Education History

	Name & Address of School	Course of study	Did you graduate?	Years attended
High School				
College				
Trade, Business, Correspondence				

## Employment History

Dates Month & Year	Name & Address of Employer	Reason for leaving
From		
To		
	<b>Starting</b>	<b>Final</b>
Job Title		
Salary		

Dates Month & Year	Name & Address of Employer	Reason for leaving
From		
To		
	<b>Starting</b>	<b>Final</b>
Job Title		
Salary		

Dates Month & Year	Name & Address of Employer	Reason for leaving
From		
To		
	<b>Starting</b>	<b>Final</b>
Job Title		
Salary		

## References

(List three persons not related to you; you have known at least one year)

Name	Address	Business	Years known

## Authorization / Applicant Statement

I certify that all information I have provided on this Application for Employment is true, complete, and correct to the best of my knowledge.

I understand that any information that I have provided that is found to be false, incomplete, or misrepresented in any way will be sufficient cause to cancel further consideration of my application or be grounds for immediate discharge from employment whenever it is discovered.

I authorize investigation of all statements on this application and the references and employers listed above for the purposes of information concerning my previous employment(s) and any relative information they may have, personal or otherwise, and release The PROGRAM from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of The PROGRAM has any authority to enter into any agreement(s) for employment for any specified period of time, or to make any agreement(s) contrary to the foregoing, unless it is in writing and signed by an authorized representative of The PROGRAM.

I further understand that this waiver does not permit the release or use of any disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other federal and state laws.

I 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 and I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION / APPLICANT STATEMENT IN ITS ENTIRITY

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

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**Signature**

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**Date**