



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, age, sex, national origin, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

I. General Information

Name: _____ SS#: _____

Address: _____

Phone (home): _____ Phone (other): _____

Position Applying For: _____

Date Available for Employment: _____

Type of Employment you are looking for (please check at least one):

- Full Time
- Part Time
- Temporary

Have you worked at Project NOW before? Yes No

If Yes, please provide position title(s): _____

Date Employed From: _____ To: _____

Indicate your citizen status: U.S. Citizen Permanent Resident Alien Non-immigrant Alien

If Alien, Registration Number: _____ Visa Type: _____

Have you ever been convicted of a felony: Yes NO (Conviction will not necessarily disqualify you from employment)

If Yes, Please Explain: _____

Please list any relative(s) and their relationship to you who is/are currently employed with Project NOW:

- | | | |
|---|------------------------------|-----------------------------|
| Are you currently on lay-off and subject to recall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an automobile for work use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you travel overnight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other than English, what languages do you read? _____

Write? _____ Speak? _____

IV. Employment History

Please list the positions that you have held, starting with your most recent position. Under "duties" describe your job in sufficient detail so that your tasks and level of responsibility can be determined. Attach a separate sheet for more detail, if needed.

1. Employer: _____ Phone Number: _____
Employer's Address: _____

Supervisor's Name: _____ Title: _____
Your Job Title: _____
Dates Employed From: _____ To: _____ Ending Wage: _____
Reason for Leaving: _____
Duties: _____

May we contact this employer? Yes No

2. Employer: _____ Phone Number: _____
Employer's Address: _____

Supervisor's Name: _____ Title: _____
Your Job Title: _____
Dates Employed From: _____ To: _____ Ending Wage: _____
Reason for Leaving: _____
Duties: _____

May we contact this employer? Yes No

3. Employer: _____ Phone Number: _____
Employer's Address: _____

Supervisor's Name: _____ Title: _____
Your Job Title: _____
Dates Employed From: _____ To: _____ Ending Wage: _____
Reason for Leaving: _____
Duties: _____

May we contact this employer? Yes No

V. Professional References (no relatives please)

- 1. Name: _____ Phone Number: _____
How Known: _____ How Long Known: _____

- 2. Name: _____ Phone Number: _____
How Known: _____ How Long Known: _____

- 3. Name: _____ Phone Number: _____
How Known: _____ How Long Known: _____

VI. Other

Please indicate any additional information which you feel may be helpful in determining your eligibility for employment:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date