

APPLICATION FOR EMPLOYMENT

Please fill out this application of	completely. Prelimi	nary Interview 🗌 🛭 S	Secondary Into	erview 🗌			
PERSONAL INFORMATI	ION						
Date:	Date: Position Applying For:						
Name:		Social Security Number:					
Address:		Sta	ıte:	Zip:			
Home Phone #:		Alternate Phone #	:				
Emergency Contact Name:							
Have you ever worked under							
Have you been convicted of a felony in the last seven years?							
If so, please explain							
Do you have your own means of transportation: ☐ Yes ☐ No How did you hear about this job opening? ☐ Website ☐ Newspaper ☐ Word of Mouth ☐ Other							
EDUCATION							
High School:	City: _		S	State:			
Years Attended:	Did you grad	uate?	Year of 0	Graduation:			
College/Technical School:							
Years Attended:	Did you grad	ate?Year of Gra		Graduation:			
Special Training/Licensure:							
EXPERIENCE – List most recent job first (please list all phone numbers for employment verification).							
Company:	City:		Phone:				
Date Employed:	through	Starting Salary:	E	End Salary:			
Position Held:	osition Held: Immediate Supervisor:						
Job Duties:							
Reason for Leaving:							

EXPERIENCE – (continued)

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Company:		lity:	Phone:	_
Date Employed:	through	Starting Salary:	End Salary:	
Position Held:	It	mmediate Supervisor:		_
I.I. D4'				
Reason for Leaving:				_
Company:	C	ity:	Phone:	
Date Employed:	through	Starting Salary:	End Salary:	
Position Held:	Ir	mmediate Supervisor:		
Job Duties:				
Reason for Leaving:				
REFERENCES – Please list	three professional re	eferences, including phone nu	umber – no relatives please	
Name:		Phone:		
Address:		City/State/Zip:		
Relationship:		•		
Name:		Phone:		
Address:		City/State/Zip:		
Relationship:		Occupation:		-
Name:		Phone:		
				•
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BACKGROUND CHECK AUTHORIZATION

By signing this application for employment, I attest that all the information contained herein is true and complete, and I give <i>FRIENDS FOR LIFE CORPORATION</i> permission to conduct a background check. This includes former employers, acquaintances, credit agencies and the criminal justice system.					
Signature	Date				
RELEASE of INFORMATION for EMPLOYMENT V	ERIFICATION				
I give FRIENDS FOR LIFE CORPORATION permission to positions held, job performance, and any relevant informat for employment. I also give FRIENDS FOR LIFE CORPORTS personal references listed on my application.	ion from previous employers listed on my application				
Print Name	Social Security Number				
Signature	Date				
ACKNOWLEDGEMENT					
I,, unda a non-profit organization, thereby, the majority of position multiple sources. Therefore, a continuance of funding follows that any discontinuance of funding may result positions may require a pre-employment drug-screen.	may be necessary to sustain certain positions, as it				
I also understand that this application will not remain participated in a secondary interview and/or have been his in the <i>FRIENDS FOR LIFE</i> files for a period of one (1) ye and solicited applications submitted beyond the specified of	red, in which case this application will be maintained ar from the submission date. Unsolicited applications				
Signature	Date				
FRIENDS FOR LIFE, ALOYSIUS HOME, and the providing services to persons in need and to the employ national origin, religion, disability, veteran's status, sexual	ment of persons without regard to race, color, sex,				