

## **Employment Application**

Todays Date:\_\_\_\_\_

| An Equal Opportunity of Company is an equal opport applicant from consideration requiring reasonable accomplication.                                                                                       | tunity employer. Then for employment o                                                                                                                                                                   | n a basis prohibit                                                                                                                                   | ed by local, state,                                                                                   |                           |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|---|
| Applicant Name                                                                                                                                                                                             |                                                                                                                                                                                                          |                                                                                                                                                      |                                                                                                       |                           |   |
| Home Phone:                                                                                                                                                                                                | Other:                                                                                                                                                                                                   |                                                                                                                                                      | Email Address:                                                                                        |                           |   |
| What type of housing are<br>Current Address:                                                                                                                                                               | you in? <b>Circle</b> the                                                                                                                                                                                | answer: Transit                                                                                                                                      | ional- Shelter - I                                                                                    | Half-way- Permanent       | _ |
| Number                                                                                                                                                                                                     | and street                                                                                                                                                                                               | City                                                                                                                                                 |                                                                                                       | State & Zip               |   |
| How were you referred to<br>Employment Positions<br>Position(s) applying for:_                                                                                                                             |                                                                                                                                                                                                          |                                                                                                                                                      |                                                                                                       |                           |   |
| <ul> <li>Are you over the Y or N</li> <li>If hired, would youright to work in the If hired, are you with Are you able to possible with Without reating If no, describe the If hired, do you how</li> </ul> | bu be able to prese<br>he United States?<br>willing to submit to<br>erform the essenti<br>sonable accommo<br>e functions that ca<br>ave any doctor's w<br>the ADA and consider<br>rm essential functions | er 18, hire is sub<br>ent evidence of y<br>Y or N<br>o and pass a con<br>ial functions of to<br>dation? Y or<br>nnot be perforn<br>york restrictions | ject to verificativour U.S. citizens trolled substance the job for which ned Y or N modation measures | on of minimum legal age.) |   |
| Education, Training and                                                                                                                                                                                    | Experience:                                                                                                                                                                                              |                                                                                                                                                      |                                                                                                       |                           |   |
| High School:                                                                                                                                                                                               | Numbe                                                                                                                                                                                                    | er of years come                                                                                                                                     | oleted: 1 2 2 4                                                                                       | Did you graduated V or M  |   |
| School Name:                                                                                                                                                                                               | Numbe                                                                                                                                                                                                    | er of years comp                                                                                                                                     | netea: 1 2 3 4                                                                                        | Did you graduate? Y or N  |   |

**College / University/Vocational School:** 

| School Name:                                                                                                                                                                                                                                 | Number of years completed: 1 2 3 4                                                                                                               |                                                                                 | Did you graduate? Y or N                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Degree / diploma earned:                                                                                                                                                                                                                     |                                                                                                                                                  |                                                                                 |                                                                                                              |
| Military:<br>Branch:                                                                                                                                                                                                                         | Rank in Military:                                                                                                                                | To                                                                              | otal Years of Service:                                                                                       |
| Skills/duties:                                                                                                                                                                                                                               |                                                                                                                                                  |                                                                                 |                                                                                                              |
| Employer Name:                                                                                                                                                                                                                               |                                                                                                                                                  | Job Title:                                                                      |                                                                                                              |
| Start Dateemployer, leave End Date blar                                                                                                                                                                                                      |                                                                                                                                                  | **If you are                                                                    | e still employed by this                                                                                     |
| Employer Name:                                                                                                                                                                                                                               |                                                                                                                                                  | Job Title:                                                                      |                                                                                                              |
| Start Date<br>employer, leave End Date blar                                                                                                                                                                                                  |                                                                                                                                                  | **If you are                                                                    | e still employed by this                                                                                     |
| Employer Name:                                                                                                                                                                                                                               |                                                                                                                                                  | Job Title:                                                                      |                                                                                                              |
| Start Date employer, leave End Date blar  • What are two good qu                                                                                                                                                                             |                                                                                                                                                  |                                                                                 |                                                                                                              |
| What would a perfect                                                                                                                                                                                                                         | day look like to you                                                                                                                             |                                                                                 |                                                                                                              |
| A government photo ID and So<br>A criminal background check v<br>describe any offense, including<br>(Note: No applicant will be der<br>The date of the offense, the na<br>description of the event, and t<br>position(s) applied for may, ho | vill be completed for all a<br>g, when and where convi-<br>nied employment solely c<br>ature of the offense, inclu-<br>the surrounding circumsta | pplicants. Upon int cted and disposition the grounds of colding any significant | erview, you will be asked to<br>of the case.<br>Inviction of a criminal offense.<br>Idetails that affect the |
| Signature                                                                                                                                                                                                                                    |                                                                                                                                                  | <br>Date                                                                        |                                                                                                              |