

APPLICATION FOR EMPLOYMENT - Greenwood Molina Children's Center

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

How did you learn about us?

- Advertisement
 Relative
 Inquiry
 Employment Agency
 Friend
 Other: _____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number (s)		Social Security Number	

Are you eligible to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you aware of any reason(s) you would not be able to perform
the duties of the position for which you are applying? Yes No

Have you been convicted of a felony within the last five years? Yes No

If yes, please explain: _____

What date are you available to start work? _____

Desired Salary? _____ Available Schedule to Work? *(circle one)* Day Shift Evening Shift

Do you have a relative who is either a member of the Greenwood Molina Children's Center Board of Directors or who is employed by Greenwood Molina Children's Center? Yes No

If yes, please give name: _____

EDUCATION:

High School Attended: _____ Graduate: Yes No
School Name City G.E.D.: Yes No

College / Institution	Location	Dates (from/to)	Graduation Date	Diploma	Major

Describe any specialized training, certification(s), apprenticeship, skills and extra-curricular activities.

State any additional information you feel may be helpful to us in considering your application.



EMPLOYMENT HISTORY

Employer	Position Title	Dates Employed (from/to)	Salary
Supervisor	Address	Phone	
Responsibilities/Duties			

Reason for Leaving			

Employer	Position Title	Dates Employed (from/to)	Salary
Supervisor	Address	Phone	
Responsibilities/Duties			

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Responsibilities/Duties			

Reason for Leaving			

REFERENCES

Name/Title	Address	Phone
Name/Title	Address	Phone
Name/Title	Address	Phone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information give 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

By _____

Name and Title

Date