

GRANDFATHER HOME FOR CHILDREN



APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR		DATE
REFERRAL SOURCE:	() ADVERTISEMENT	() EMPLOYEE REFERRAL OF: [] WALK-IN

We are a drug free equal opportunity employer

NAME	E-MAIL ADDRESS:
ADDRESS	City ZIP
PHONE # ()	If necessary, may we contact you at work? [] Yes (Best time) [] No

Type of employment desired. [] Full Time [] Part Time [] Temporary [] Seasonal Date available for work

Will you travel if job requires it? [] Yes [] No	Will you work over-time if job requires it? [] Yes [] No
Are you legally eligible to work in this country? [] Yes [] No	Have you been investigated for abuse or neglect ____yes ____no If yes, please explain:

Have you been convicted of a felony in the last 10 years? [] Yes [] No If yes, please explain below

Conviction Date:
Circumstances of Conviction. How many Convictions. Rehabilitation Received:
(Such conviction may be relevant if job related, but does not bar you from employment.)

REFERENCES

Please list the name and telephone number of three business/work references who are not related to you and are not previous supervisors.

NAME	TELEPHONE	YEARS KNOWN

EDUCATIONAL BACKGROUND

Please list last 3 schools attended, starting with the last one.

SCHOOL	# OF YEARS	DEGREE		MAJOR	MINOR
		YES	NO		

*****This MUST be COMPLETED***EMPLOYMENT HISTORY *****

Please list your last 3 employers starting with the most recent. FURNISH ALL INFORMATION. Summarize the nature of the work performed and job responsibilities in the Job Summary section. Explain any gaps in employment in comments section below

EMPLOYER NAME AND ADDRESS	Phone ()	Dates	Job Summary Information
		From To	
Job Title		Compensation	
Immediate Supervisor & Title & phone		\$	
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Per	
Reason For Leaving			

EMPLOYER NAME AND ADDRESS	Phone ()	Dates Employed	Job Summary Information
		From To	
Job Title		Compensation	
Immediate Supervisor & Title & phone		\$	
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Per	
Reason For Leaving			

EMPLOYER NAME AND ADDRESS	Phone ()	Dates Employed	Job Summary Information
		From To	
Job Title		Compensation	
Immediate Supervisor & Title & phone		\$	
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Per	
Reason For Leaving			

COMMENTS:
(Including gaps in employment)

SKILLS AND QUALIFICATIONS List any additional skills , accomplishments, awards and qualifications acquired from employment or other experience you think relevant to this position

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give Grandfather Home for Children. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any qualified applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant

Date

INTERVIEWED BY _____ **DATE** _____

REMARKS

APPROVED _____
(CEO)

DATE

DEPARTMENT _____

POSITION TITLE _____

PAY RATE _____ **PER** _____

REPORT TO WORK DATE _____

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with various government regulations and responsibilities. Solely to help us comply with various record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

**YOUR COOPERATION IS VOLUNTARY
INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION**

Please complete the following information (please print)

Last Name: _____ First Name: _____

Date: _____ JobTitle: _____

Gender

Male Female

Ethnicity – Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

Race – If you are not Hispanic or Latino, please select the appropriate race category.

- White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – persons who identify with more than one of the above five races.
- I respectfully decline completing the information being requested above. _____ *initials*