SAFEHOMES RAPECRISIS COALITION

Application for Employment

Date: _____

Personal Information

Last Name | First Name | Middle | Social Security Number

Street Address

City, State, Zip

( ) ( )

Home Telephone | Business Telephone

Have you ever applied for employment with us? Yes ☐ No ☐

If yes, Month and Year:_____Location: _____

Position Desired:_____

Are you legally eligible for employment in the United States? _____

When will you be available for work? _____

Will you work overtime if asked? _____

Salary Desired? _____

Education

School	Name and Location of School	Course of Study	No. of Years	Did You Graduate	Degree Diploma
Graduate					
College					
Business/Trade /Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations:

(Exclude those which may disclose your race, color, religion or national origin)

_____

_____

_____

Military Service:

Did you serve in the U.S. Armed Forces Yes ☐ No ☐

Describe any training received relevant to the position for which you are applying

_____

_____

_____

Employment Record

Please give an accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

Company Name	Telephone Number ( )
Job Title	Employed (State Month/Year) From: To:
Address	Weekly Pay Start Last:
Name of Supervisor	Reason for Leaving:
Briefly Describe Your Job Duties	

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TEN YEAR ADDRESS HISTORY-Please list your residential address for the past 10 years

Street	City	State	Zip Code	Yrs. at this address

Signature

The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date Signature