

People's Place Employment Application

Equal Employment procedures provide for the elimination of discrimination against applicants because of race, color, creed, sexual orientation, national origin, age, disabled veterans and Vietnam-era veterans, and any other protected class. This includes the Vocational Rehabilitation Act of 1973, Sections 503 and 504, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 (PL 90-202) and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Name (First, Middle, Last) **Today's Date**

Previous Name(s)

Address (Number, Street, Apt. #, City, State, Zip) **(Area Code) Phone No.**

Position Applied For **Social Security Number**

Are you 21 years of age or older? **YES** **NO**
Are you authorized to work in the U.S. on an unrestricted basis? **YES** **NO**

When are you available to work? (check all that apply)

<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Days <input type="checkbox"/> Eve <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
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Are you willing to work overtime as required? **YES** **NO**
Have you ever been convicted of a crime? **YES** **NO**
If yes, please describe conditions:

I grant permission to check my criminal background **YES** **NO**
Have you ever applied for a position or worked at a People's Place II, Inc. Program? **YES** **NO**
If yes, please provide details:

Driver's License Number, Issuing State and Expiration Date:

I grant permission to check my driving record if it is necessary for the position for which I am applying. **YES** **NO**

Education

HIGH SCHOOL NAME	LOCATION	DIPLOMA/ GED
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COLLEGE NAME	MAJOR	DEGREE

OTHER EDUCATION/ TRAINING

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Employment History

(Account for last five (5) years of employment. Start with most recent.)

From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :	Phone:	
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?		YES	NO
Brief Summary of Duties:			

From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :	Phone:	
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?		YES	NO
Brief Summary of Duties:			

From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :	Phone:	
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?		YES	NO
Brief Summary of Duties:			

From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :	Phone:	
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?		YES	NO
Brief Summary of Duties:			

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From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :	Phone:	
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?	YES	NO	
Brief Summary of Duties:			

References

(COMPLETE ONLY IF YOU HAVE LESS THAN THREE (3) WORK REFERENCES.)

Name/Relationship	Occupation	Address	Telephone

Please read the following statement carefully, and add your signature in the space provided.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements, omission or misrepresentations on this application shall be considered sufficient cause for immediate termination. If I am released for this reason, I will be paid only through the day of release. I authorize the Agency to make an investigation set forth in this application and release the Agency from any liability. I understand that employment at this Agency is "at will", which means that either I or the Agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is considered on that basis. I understand that no supervisor, manager or executive of the Agency, other than the Executive Director, in writing, has any authority to alter the foregoing.

I agree to release and hold harmless People's Place II, Inc. from any and all claims that I may have, or come to have, relating to background / reference checks or inquiries.

Applicant Signature

Date

(Revised 07/22/09)