



EMPLOYMENT APPLICATION

CONFIDENTIAL DOCUMENT

CONFIDENTIAL DOCUMENT MANAGEMENT

Employment applications contain confidential information.

Managers and supervisors understand the importance of controlling access to applications in their care and the sensitive and confidential nature of the information contained in them.

Every candidate and new employee is required to complete an application.

We do not provide copies of candidates' applications to other companies or colleagues outside of our company.

Application for Employment Old Town Mission

Position Desired []Part time []Full time _____ Date _____

Applicant's Name _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street Address Yrs./ Months
City State Zip

Telephone (_____) _____ Social Security Number -----
Area Code Number

Previous Address _____ How long did you live there? _____
Street Address Yrs./ Months
City State Zip

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?
[]Yes []No If Yes please give the date(s) and details.

Have you been arrested for any matters for which you are out on bail or on your own
recognizance pending trial? []Yes []No If Yes, please give the date(s) and details.

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or posttrial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

Have you ever been terminated or asked to resign from any job? []Yes []No
If Yes, please explain circumstances.

May we contact your current employer? []Yes []No If No please explain.

Is there anything you wish to avoid in a new job _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Add additional page if necessary.

<p>Present or Last Employer (Name & Address)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(_____)_____ (Area Code) & Telephone</p> <p><u>Exact Reason for Leaving</u></p>	<p><i>Employed</i></p> <p>From _____</p> <p style="text-align: center;">(mo/yr)</p> <p>To _____</p> <p style="text-align: center;">(mo/yr)</p>	<p><i>Pay</i></p> <p>Start \$ _____</p> <p style="text-align: center;">per hour</p> <p>Final \$ _____</p> <p style="text-align: center;">per hour</p>
	<p><i>Your Title or Position</i></p> <p><i>Name, Title & Phone</i></p> <p><i>Number of Last Supervisor</i></p>	
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	<p><i>Your Title or Position</i></p> <p><i>Name, Title & Phone</i></p> <p><i>Number of Last</i></p> <p><i>Supervisor</i></p>	
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Please explain fully any gaps in your employment history: _____

Please indicate any actual experience, special training and qualifications you may have that you believe to be relevant to the position for which you are applying _____

Do you have adequate transportation to and from work? []Yes []No

Are you bound by provisions of a non-compete, proprietary, or confidentiality agreement?
 []Yes []No If so, for how long? _____

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [] Yes [] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year Number of Days Year Number of Days Year Number of Days

EDUCATION				
School Name	Years Completed (Fill Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Skills and Extracurricular Activities
Elementary:	4 5 6 7 8 ○ ○ ○ ○ ○			
High School:	9 10 11 12 ○ ○ ○ ○			
College/University:	1 2 3 4 ○ ○ ○ ○			
Graduate or Professional:	1 2 3 4 ○ ○ ○ ○			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well who are not previous employers or relatives.

Name	Occupation	Address: (Street, City & State)	Telephone No.	Number of Yrs Known

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED FOR IS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date