

Together Wee Grow CDC
Application for Employment
Please print and answer all questions

General Information:

Name: _____ Date of Birth: _____ Todays Date: _____

Address: _____
Street City State Zip

Contact Number: () _____ - _____ Emergency Contact Number: () _____ - _____

Availability to work: _____ full time _____ part time

Have you ever been convicted or plead guilty to a crime? _____

If yes, please state when, where and the outcome of the case
_____.

Have you ever been investigated for abuse or neglect? _____.

Education:

Do you have a high school diploma or GED? _____. please circle one.

Name of high school graduated from. _____

College Name & Location. _____ Years attended? _____

Do you have a Degree _____ Other school or relevant training? _____

Personal References: if employed, 3 letters of recommendation will be needed from these 3 references.

Name Address Contact number

Name Address Contact number

Name Address Contact number

Employment Record: Starting with your most recent job list your employment experience. You may include jo-related military service assignments and volunteer activities that reflect your qualifications for employment. Do not omit any employment.

Company Name: _____ Supervisor's Name: _____

Company Address: _____ Dates of Employment: _____ to _____

Company telephone # () _____ - _____ Rate of Pay: _____ per hour or _____ salary

Job Title: _____ Job Description _____

Reason for Leaving: _____

Company Name: _____ Supervisor's Name: _____

Company Address: _____ Dates of Employment: _____ to _____

Company telephone # () _____ - _____ Rate of Pay: _____ per hour or _____ salary

Job Title: _____ Job Description _____

Reason for Leaving: _____

Company Name: _____ Supervisor's Name: _____

Company Address: _____ Dates of Employment: _____ to _____

Company telephone # () _____ - _____ Rate of Pay: _____ per hour or _____ salary

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Job Title: _____ Job Description _____
Reason for Leaving: _____

Company Name: _____ Supervisor's Name: _____
Company Address: _____ Dates of Employment: _____ to _____
Company telephone # (____) ____-____ Rate of Pay: _____ per hour or _____ salary
Job Title: _____ Job Description _____
Reason for Leaving: _____

Applicant's Acknowledgement:

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

In the event of employment, I understand that false, misleading, or omitted information in my application may result in termination.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I hereby release all parties, including Together Wee Grow CDC, personal references, and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Together Wee Grow CDC takes on the basis of such information.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by [the Center] or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other firm material do not create any guarantee of employment and that Together Wee Grow CDC has the right to modify, amend, or terminate policies, practices, or other programs within the limits and requirements imposed by law.

Date

Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS

We are an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. We will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.