

THE FRIENDSHIP CENTER

APPLICATION FOR EMPLOYMENT

The Friendship Center considers applicants for all positions without regard to race, religion, sex, national origin, marital or veteran status, or handicap.

Position Applied For _____ Date of Application _____

Full-time _____ Part-time _____
Please Designate

PERSONAL INFORMATION (Please Print)

Name _____
Last First Middle Initial
Address _____
Street City State Zip Code
Telephone Number () _____ Social Security Number _____
Area Code

(Please Check)

1. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes___ No___
2. Have you ever been employed with us before? Yes___ No___
If yes, give dates _____ Supervisor's Name _____
Reason for leaving _____
3. Have you ever been convicted of a crime or a disorderly person's offense? Yes___ No___
4. Are you a U.S. Citizen? Yes___ No___
5. If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.? Yes___ No___
Alien Registration No. _____ (Proof of citizenship or immigration status will be required upon employment.)
6. Are you currently employed? Yes___ No___
7. May we contact your present employer? Yes___ No___
8. Certain job positions require Driver's Licenses as an essential element of that position. Lack of driver's license does not disqualify an applicant from employment in other jobs.
Driver's License Number _____ Expiration Date _____
9. What hours do you prefer to work?
The Friendship Center is open 7:00 a.m. to 6:00 p.m. _____

EDUCATION BACKGROUND

Name and Location	Year Completed	Did you Graduate?	Course of Study
High School			
College			
Other			
Professional License Certification Number	Expiration Date		

EMPLOYMENT HISTORY - List your last three (3) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Address	Telephone Number
		Job Title	Job Description	
		Supervisor	Reason for Leaving	Salary
From	To	Employer	Address	Telephone Number
		Job Title	Job Description	
		Supervisor	Reason for Leaving	Salary
From	To	Employer	Address	Telephone Number
		Job Title	Job Description	
		Supervisor	Reason for Leaving	Salary

REFERENCES - (Business/School/Personal) give three (3) persons not related to you.

Name	Address	Telephonic Number	Years Known
1.			
2.			
3.			

APPLICANT'S STATEMENT - I understand that any employment by this facility will be on a 90-day probationary basis, and acknowledge that just as I am free to resign at any time, the Friendship Center reserves the right to terminate my employment at any time, with or without cause and without prior notice. If employed by the Friendship Center, I agree to abide by its rules and regulations.

The above information is complete and true to the best of my knowledge, and I understand that misrepresentation or omission of facts herein will be cause for immediate dismissal.

I authorize this facility to contact any and/or all of my references for full information. (1) I understand all entering employees are subject to a State criminal background and fingerprinting check. (2) All entering employees are subject to a State background check for child abuse. (3) The job offer is contingent upon the clearance of these checks.

I understand all entering employees are subject to a medical examination, and job offer is contingent upon medical clearance by the examining physician. I agree that the examining physician may disclose the findings to this facility through our authorized agent of the facility.

Signature of Applicant _____

Date _____