



Application of Employment

Position(s) applied for _____ Date of Application ____/____/____

Name _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Home Telephone Number _____ Cell Phone Number (____) _____ Social Security _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No
 If no, please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work? ____/____/____

Are you able to meet attendance requirements for this position? Yes No

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Have you been convicted of a crime in the last 7 years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Has your driver's license ever been suspended? If so, why?..... Yes No

Have you had moving violations, DUIs, or DWIs during the past 3 years?..... Yes No

Volunteer History

Provide the following information for your past three (3) assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School			
College			
Other			

Professional References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

How Did You Hear About: Newspaper Ad Radio Ad TV Ad Job Fair Internet Ad

Web Site Employee Referral Who Referred You? _____

Other _____

I UNDERSTAND THAT IF I VOLUNTEER OR AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE CREATIVE SOLUTIONS 4 YOUTH INC THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CREATIVE SOLUTIONS 4 YOUTH INC AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

CREATIVE SOLUTIONS 4 YOUTH INC. DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION OF THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM CREATIVE SOLUTIONS 4 YOUTH INC AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM ACCEPTED AS A VOLUNTEER OR HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND CREATIVE SOLUTIONS 4 YOUTH INC RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCE MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I ALSO UNDERSTAND THAT IF I VOLUNTEER MY TIME & TALENTS THAT THERE IS NO COMPENSATION OF ANY KIND AND I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____
(Required)