

Type of employment desired: Full-time (30 or more hours) Part-time Full/Part Time

Can you travel if a job requires it? Yes No

Schedule of availability (check all days/times available):

	SUN	MON	TUES	WED	THURS	FRI	SAT
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL BACKGROUND:

List levels of education including number of years completed; indicate degree or diploma earned as applicable and major field of study.

SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE/DIPLOMA	MAJOR
High School	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
College/University	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

******For Home & Community Connections Program only: Per funder requirements, applicants will be required to produce documentation at their first interview proving their highest level of education attained (e.g. High School Diploma, G.E.D., Bachelor’s Degree, Master’s Degree, Licensed Certifications, etc.).**

List Specialized Skills or Training (First Aid, CPR, Med. Cert., C.N.A., speak/write other language, etc.):

EMPLOYMENT and RELEVANT EXPERIENCE HISTORY

List your last three (3) employers, volunteer or relevant personal experience starting with the most recent, including military experience. (Completion of this section is required even when submitting a resume.)

Employer: _____ Telephone: (____) _____ - _____

Address: _____ City _____ State _____ Zip _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____ May we contact for reference? Yes No

Dates employed: FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Summarize job responsibilities: _____

Employer: _____ Telephone: (____) _____ - _____

Address: _____ City _____ State _____ Zip _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____ May we contact for reference? Yes No

Dates employed: FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Summarize job responsibilities: _____

Employer: _____ Telephone: (____) _____ - _____

Address: _____ City _____ State _____ Zip _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____ May we contact for reference? Yes No

Dates employed: FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Summarize job responsibilities: _____

List Any Additional Professional References:

Name: _____ Phone: _____ May we contact? Yes No

Name: _____ Phone: _____ May we contact? Yes No

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of applicant	Date
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