

Centerville Community Betterment, Inc.

Job Application Form

Confidential

Date of Application: _____

Date Available: _____

Name: _____ Social Security #: _____

Present Address: _____ Phone #: _____

Permanent Address: _____ Phone #: _____

Alternate number where you can be reached _____

Are You a U.S. citizen? Yes ___ No ___ If no, type of VISA? _____

Shift Choices are as follows. Please place a 1 or 2 as your listed preferred shift. Please put NO behind any shift you will not/cannot work.

Schedule	Priority	Can/Can Not Work
Shift 8:00 am – 8:00 pm	_____	_____
Shift 8:00 pm – 8:00 am	_____	_____

Will you accept: Full Time _____
Part Time _____

Are you employed now? _____

Can we contact your employer? _____

If no, why not? _____

What date would you able to start work? _____

Are you 18 years of age or older? _____

How did you learn of this job? _____

Circle the highest grade completed: 8 9 10 11 12 13 14 15 16

Scholastic honors received? _____

School	Location	Course	Date Completed
High School	_____	_____	_____
College	_____	_____	_____

School Continued _____ Location _____ Course _____ Date completed _____
 Voc/Business _____

Diploma/Degree or Certificate: _____

Extracurricular Activities in School: _____

Employment Record (List last or Present Position First)

Present and Former Employers	Date Employed	Salary
1. Name: _____ Address: _____ Supervisors Name: _____ Phone Number: _____	From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____	_____ _____ _____ _____
2. Name: _____ Address: _____ Supervisors Name: _____ Phone Number: _____	From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____	_____ _____ _____ _____
3. Name: _____ Address: _____ Supervisors Name: _____ Phone Number: _____	From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____	_____ _____ _____ _____
4. Name: _____ Address: _____ Supervisors Name: _____ Phone Number: _____	From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____	_____ _____ _____ _____

Position and Duties	Reason for Leaving
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Explain all periods of Unemployment: _____

Have you ever been convicted of a crime? Yes _____ No _____ if yes, for what, when and where?

Please give at least two personal references not related to you whom you have known at least one year.

Why have you applied for this position?

Have you ever been accused/convicted of a physical/sexual abuse of a child or an adult?

Yes _____ No _____ Explain all Yes answers:

Do you consider yourself to be able to perform all duties required by the job for which you are making application without endangering yourself, other employees, or resident's?

Yes _____ No _____ If no, why?

Do you have a valid driver's license? Yes _____ No _____ Have you ever had your Driver's license suspended?

If so,

explain _____

Please provide a valid copy of your driver's license upon interview.

Do you have proof that you are an insured driver? Yes _____ No _____. Please provide a copy of your car insurance card upon interview.

I voluntarily give Centerville Community Betterment, Inc. the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release for all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the pre-employment physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that I will be required to follow the personnel policies and rules of the facility and those infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misinformation or omission of fact appearing on this application form.

I further understand that this facility follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed it will be on a probationary trail basis for a period of 60 days. Upon my termination I authorize the release of reference information on my work.

Applicant's signature _____ Date: _____