



Neighborhood House Association Application for Employment

All applicants receive consideration without discrimination of race, creed, color, sex, age, national origin, handicap, or veteran status

| | | | |
|--|-------|----------------------------------|------|
| Last Name | First | Middle | Date |
| Street Address | | Home Telephone () | |
| City, State, Zipcode | | Cellular Telephone () | |
| Have you ever applied for employment with us? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No | | If Yes, When? | |
| Position Desired | | How you heard about the position | |
| Are you available for full-time or part time work? [<input type="checkbox"/>] Full-time [<input type="checkbox"/>] Part-time | | Are you 18 years or older? | |
| Are you legally eligible for employment in the United States? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No | | Pay Expected | |
| | | Date Available for Work | |

| Education | School Name, Location | Course of Study / Degree Program | Number of Hours | Did You Graduate? |
|-------------------------|-----------------------|----------------------------------|-----------------|-------------------|
| Master's Degree | | | | |
| Bachelor's Degree | | | | |
| Associate's Degree/Tech | | | | |
| High School, GED | | | | |

Did you spend time in the U.S. Armed Forces? [] Yes [] No

List all of your experience and/or skills that are relevant to the position for which you are applying (foreign languages, sign-language; Microsoft Word, Excel, Powerpoint; CPR & First Aid; Sanitation Managers License; etc.):

Do you have a Valid Driver's License? [] Yes [] No Do you have Auto Insurance? [] Yes [] No

List all Professional and/or Civic Organization Memberships that you consider relevant to the job:

Employment History

Please list ALL employment, starting with most recent employer:

| | | |
|---|-------------------------|---|
| 1 | Company Name | Telephone () |
| | Address | Employed (state month & year) From: To: |
| | Supervisor's Name | Weekly Pay Starting: Ending: |
| | Job Title & Description | Reason for Leaving |

| | | |
|---|-------------------------|---|
| 2 | Company Name | Telephone () |
| | Address | Employed (state month & year) From: To: |
| | Supervisor's Name | Weekly Pay Starting: Ending: |
| | Job Title & Description | Reason for Leaving |

| | | |
|---|-------------------------|---|
| 3 | Company Name | Telephone () |
| | Address | Employed (state month & year) From: To: |
| | Supervisor's Name | Weekly Pay Starting: Ending: |
| | Job Title & Description | Reason for Leaving |

| | | |
|---|-------------------------|---|
| 4 | Company Name | Telephone () |
| | Address | Employed (state month & year) From: To: |
| | Supervisor's Name | Weekly Pay Starting: Ending: |
| | Job Title & Description | Reason for Leaving |

Please list 3 professional references we may contact - name, relationship, phone number (NO family or friends):

The information that I provided in this Application for Employment is complete and accurate. I understand that falsification or omission of any information is grounds for disqualification of, or dismissal from, employment.

Signature

Date