

Special Kids Special Families

APPLICATION FOR EMPLOYMENT

Personal Information:

Name _____
Last First Middle

Social Security Number: _____ Phone #: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Are you 18 years or older? ___ Email address: _____

Desired Employment:

Position: _____ Date you can start: _____

Are you employed now? ___ Yes ___ No If so, may we inquire of you present employer?

___ Yes ___ No. Ever applied to the Company before? ___ Yes ___ No

Ever worked for this Company before? ___ Yes ___ No When? _____

Reason for Leaving: _____

Who referred you to this Company? ___ Employment Agency ___ Newspaper
advertising ___ Friend ___ Walk In ___ College Placement Service
___ State employment office ___ Other _____

**** You must have at least a high school diploma or equivalent degree.**

Education:

School Level	Name and Location of School	No. of years
Did you graduate	Degree	

Grammar School

High School

College/
Trade, Business
Or Correspondence
School

Graduate College

General Education:

Subjects of Special Study or Research: _____

Special Training: _____

Special Skills: _____

Former Employers

List below your last three employers, starting with the most recent one first:

Name of Present or Last Employer: _____

Address: _____ City: _____ St: ___ Zip: ___

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Ending Salary: _____

Contact you Supervisor: ___ Yes ___ No

Name of Supervisor: _____ Title: _____

Phone: _____

Description of Work: _____

Reason for Leaving: _____

May we Contact: _____

Name of Present or Last Employer: _____

Address: _____ City: _____ St: ___ Zip: ___

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Ending Salary: _____

Contact you Supervisor: ___ Yes ___ No

Name of Supervisor: _____ Title: _____

Phone: _____

Description of Work: _____

Reason for Leaving: _____

May we Contact: _____

Name of Present or Last Employer: _____

Address: _____ City: _____ St: ___ Zip: ___

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Ending Salary: _____

Contact you Supervisor: ___ Yes ___ No

Name of Supervisor: _____ Title: _____

Phone: _____

Description of Work: _____

Reason for Leaving: _____

May we Contact: _____

Service Record:

Branch of Service: _____ Discharge Date: _____

Have you ever been charged or convicted of a felony, child abuse, or a sexual offense?

___Yes ___No

If yes, explain in full: _____

Have you ever been arrested/charged for any violation of the law (Including Misdemeanors) ? ___ Yes ___No

If yes, explain in full _____

Do you have a valid driver's license? _____Yes_____No

Do you have a good driving record? If not, please explain.

It will be your responsibility to complete a health evaluation prior to permanent employment. Are there any restrictions either emotionally, physically or mentally that could hinder you from effectively performing the job responsibilities for this position? _____Yes_____No

If yes, explain in full: _____

Personal References:

Below give the names of four people you are not related to- who you have known for at least one year and one family member reference.

Name	Address	Occupation/Business	Phone	Yrs

Authorization:

I authorize that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C. R. S., and, upon conviction thereof, shall be punished accordingly.

Date

Signature

Applicant Data Sheet

The data collected on this form is entirely optional. It is used to create an applicant flow data base that all larger corporations need in order to answer questions asked by the federal government and our grantors. This information will neither disqualify you nor qualify you for the position you are applying for. All information is kept confidential and used only for statistical data

Name: _____

Age (Please Circle One):

<20 yrs 21-30 yrs 31-40 yrs 41-50 yrs 51-60 yrs 60< yrs

Gender (Please Circle One): Male Female

Race (Please Circle all that apply):

Caucasian Hispanic Native American/ Alaskan Native

African American Native Hawaiian/ Pacific Islander

Asian Latino Other _____

Black or African American and White

Asian and White

American Indian or Alaska Native and White

More than one race

Disability (Please Circle One): No Yes

Thank you for taking the time to complete this information!!

I, _____, understand that my completion of this form is (undersigned) voluntary and will neither disqualify nor qualify me for the position I have applied for. It is a tool used by the agency for tracking purposes only.

(Signature)

(Date)