

## PERSONAL

Last Name	First Name	M.I.		
Permanent Address	Street	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	E-Mail Address	

List any other names under which employment records or education may be listed:

## JOB INTEREST

Position Applied For: \_\_\_\_\_  
 Are you available to work  Full-Time  Part-Time #HRS/WK? \_\_\_\_\_ Salary Desired \_\_\_\_\_

## WORK STATUS

Are you legally authorized to work in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Are you under 18?  Yes  No  
*If so, employment may be subject to your ability to provide appropriate working papers or permit.*

## VETERAN'S PREFERENCE

Are you a US Veteran?  Yes  No  
 Dates of active duty: \_\_\_\_\_  
 Are you a member of the reserves or National Guard?  Yes  No  
*Those wishing to claim Veteran's Preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes active duty dates*

## CRIMINAL RECORDS/DRIVING RECORDS

Has your drivers license been suspended or revoked during the past year?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Have you ever been convicted or have you pled guilty to two or more moving traffic violations in the past two years? Yes  No

Have you ever been convicted of a crime other than a minor traffic violation, in this or any other state? (Exclude any sealed, expunged, or statutorily eradicated convictions. Convictions do not automatically disqualify you from employment. The nature and date of the conviction and the type of job for which you are applying will be considered.)  Yes  No  
 If yes, state the nature of the crime, when and where convicted, and the disposition of the case: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

List your educational background, beginning with High School. Please include technical school and military training, etc.

Name and Location of School	Major/Degree	Graduate
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List any vocational or business-related courses and training.

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List any in-service training or instruction courses or programs you have completed with other employers.

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*If a license, certification or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of those appropriate documents.*

## REFERENCES

Please list persons whom we may contact who know your employment qualifications, such as present or former supervisors, former teachers or professors, or associates now with our organization. Do not list relatives.

Name	Company	Telephone	Title

## EMPLOYMENT

Please complete this section in full. List all employment and activities, including self-employment. Use additional paper if necessary.

Are you currently employed?       Yes    No

May we contact your present employer?    Yes    No

*If you answer "NO" and we need to contact your present employer before we can offer you a position, we will contact you first.*

Employer	Name/Title of Supervisor	From: (month/year)	
Address	City                      State                      Phone#	To: (month/year)	
Your position, title and description of duty		Base Pay	Full Time <input type="checkbox"/>
			Part Time <input type="checkbox"/>
		Reason for leaving	
Employer	Name/Title of Supervisor	From: (month/year)	
Address	City                      State                      Phone#	To: (month/year)	
Your position, title and description of duty		Base Pay	Full Time <input type="checkbox"/>
			Part Time <input type="checkbox"/>
		Reason for leaving	

Employer	Name/Title of Supervisor	From: (month/year)	
Address	City State Phone#	To: (month/year)	
Your position, title and description of duty		Base Pay	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
		Reason for leaving	
Employer	Name/Title of Supervisor	From: (month/year)	
Address	City State Phone#	To: (month/year)	
Your position, title and description of duty		Base Pay	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
		Reason for leaving	

Have you ever been discharged or forced/permitted to resign from a job?      Yes      No

If yes, please explain: \_\_\_\_\_

### PRE-EMPLOYMENT STATEMENT

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

I understand that all statements submitted on this application are subject to investigation and verification by The Peel Compton Foundation, and I authorize The Peel Compton Foundation and/or its representative to verify all records pertaining to my background. I also agree to release The Peel Compton Foundation and its representatives from any liability arising from such investigations.

I understand that any offer of employment made to me by The Peel Compton Foundation, whether accepted or not, is contingent upon investigation of this application, including the results of a reference and/or background check or drug testing as required. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by The Peel Compton Foundation in its processing of this application.

I understand that I will also be asked to provide original documentation establishing lawful employment authorization, and to certify to such, as required under the Immigration Reform and Control Act of 1986.

I understand that my application for employment (including, but not limited, to this application form, the granting of any interview, or the fact or content of any interview) is not intended to, and shall not be construed to, create between The Peel Compton Foundation and me a contract of employment or for the provision of benefits. If an employment relationship is established between The Peel Compton Foundation and me, I understand that I will be an employee at will, meaning that either The Peel Compton Foundation or I may terminate the employment relationship at any time and without reason, notice, and any further obligations.

I certify the statements made here, as well as in any interview I may have, are complete and accurate to the best of my knowledge. (A photocopy or fax of this authorization shall be considered as effective and valid as the original.)

Signature \_\_\_\_\_ Date \_\_\_\_\_