

APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NO. \_\_\_\_\_ Are you 21 years or older? Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes  No   
Have you ever been convicted of a felony? Yes  No  Abbott House can not hire individuals with a felony charge.

EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

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

Ever applied to this agency before? Yes  No  When? \_\_\_\_\_

Referred by? \_\_\_\_\_

Education	Name and Location of School	# of yrs attended	Did you graduate	Field of Study
Grammar School				
High School				
College/Univ.				
Trade School				

Please have college or university transcripts sent to Abbott House.

GENERAL

Subjects of Special Study:

Special Skills:

Activities: (Civic, Athletics, etc.)

US Military Service Yes  No  Rank

Present Member in National Guard or Reserves Yes  No

**FORMER EMPLOYMENT (List below the last three employers, start with the last one first)**

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES (Give the name of four persons not related to you – All must be a former employer)**

Name	Address	Business	Phone #	Years known
1. Present Employer				
2.				
3.				
4.				

In case of an emergency notify \_\_\_\_\_  
Name
Address
Phone No.

I certify that all the information submitted by me on this application or in my resume is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the agency's rules and procedures, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the agency's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the agency. I understand that no agency representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I agree to provide the agency with information necessary to conduct a screening of my history for any incidents of child abuse and/or neglect, finger print information that will allow for a screening for criminal history, and if I am employed by the agency I will agree to immediate drug and alcohol testing and periodic random testing. Any problem areas uncovered in the course of these screenings will be cause for termination under the specific policies established by the agency.

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