

Women

Women On Maintaining Education and Nutrition

Date: _____

Employment Application

What position are you applying for: _____

PERSONAL INFORMATION:

Application Instructions: Print clearly in black or blue ink. Answer **all** questions. Sign/date the form.

Is your resume attached? Yes _____ No _____

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Social Security Number: _____

Date of Birth: _____

Home Phone Number (_____) _____

Cell Phone Number (_____) _____

Email address: _____

Are you eligible to work in the United States? Yes _____ No _____

If no provide proper documentation with this application.

Have you ever been in the Armed Forces? Yes _____ No _____

Are you now a member of the National Guard? Yes _____ No _____

Specialty _____ Date Entered _____ Discharge Date _____

Have you ever been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please explain:

How were you referred to W.O.M.E.N.?: _____

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Are you applying as? Full Time Employee _____ Part Time Employee _____
Intern _____ Volunteer _____ Community Service _____

How many hours per week are you seeking? _____

Hours available: from _____ to _____

On what date can you start? _____ / _____ / _____

Can you work on the weekends? Yes _____ No _____

Can you work evenings? Yes _____ No _____

Are you available to work overtime? Yes _____ No _____

Are you willing to volunteer? Yes _____ No _____

Salary desired: \$ _____

Have you ever applied to / worked for W.O.M.E.N. before? Yes _____ No _____

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for W.O.M.E.N.?

Yes _____ No _____

If yes, state name & relationship: _____

Drivers License Number: _____ State of issue _____

Operator _____ Commercial (CDL) _____ Chauffeur Expiration date _____

Have you had any accidents during the past three years? Yes _____ No _____

How many? _____ Have you had any moving violations during the past three years?

Yes _____ No _____ How Many? _____

Would you have reliable transportation to/from work? Yes _____ No _____

Are you willing to submit to and pass a controlled substance (drug) test?

Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed

(Note: W.O.M.E.N. complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

How did you learn about the position? _____

Have you ever been involuntarily terminated (fired) or asked to resign from any position of employment? Yes _____ No _____
If yes, please describe circumstances

EDUCATION:

High School:

School name: _____

School address: _____

School city, state, zip: _____

Did you graduate? Yes _____ No _____ Year _____

College / University:

Are you currently attending a College / University? Yes _____ No _____

University name: _____

School address: _____

School city, state, zip: _____

Did you graduate? Yes _____ No _____ Year _____

Degree Earned: _____

Vocational School:

Are you currently attending a Vocational school? Yes _____ No _____

Name: _____

School address: _____

School city, state, zip: _____

Did you graduate? Yes _____ No _____ Year _____

Degree Earned: _____

EXPERIENCE

Do you have any other experience, training or qualifications which are applicable to the position you are applying? Yes _____ No _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention.

If yes, please explain _____

List: Licenses, Skills, Training, Awards (please use back or attach additional sheet)

Types of computers faxes and other electronic or mechanical equipment that you are qualified to operate or repair _____

EMPLOYMENT HISTORY:

Are you currently employed? Yes _____ No _____

May we contact your current employer? Yes _____ No _____

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Most recent: Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Email: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes _____ No _____

Responsibilities: _____

Ending Salary: \$ _____

2nd recent Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Email: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes _____ No _____

Responsibilities: _____

Ending Salary: \$ _____

3ed recent Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Email: _____
Business Type: _____
Address: _____
City, state, zip: _____
Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Yes _____ No _____
Responsibilities: _____
Ending Salary: \$ _____

REFERENCES:

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only. Do not name family or friends.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

An Equal Opportunity Employer

W.O.M.E.N. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization during the first contact interview.

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: _____

Date: _____

For office use only: _____
