

# Employment Application



Full Name						Date:		
<i>Last</i>			<i>First</i>			<i>M.I.</i>		
<b>Address:</b>								
<i>Street Address</i>						<i>Apartment/Unit #</i>		
<i>City</i>						<i>State</i>	<i>ZIP Code</i>	
Phone : (    )				<b>E-mail Address:</b>				
Date Available:		Social Security No.:		Desired Salary:		\$		
Position Applied for:								
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?			YES	NO
Have you ever worked for this company?		YES	NO	If yes, when?				
Have you ever been convicted of a felony?		YES	NO					
If yes, explain:								
<b>EDUCATION</b>								
High School:				Address:				
<i>From:</i>		<i>To:</i>		<i>Did you graduate?</i>	YES	NO	<i>Degree:</i>	
College:				Address:				
<i>From:</i>		<i>To:</i>		<i>Did you graduate?</i>	YES	NO	<i>Degree:</i>	
Other:				Address:				
<i>From:</i>		<i>To:</i>		<i>Did you graduate?</i>	YES	NO	<i>Degree:</i>	
WHAT HOURS/DAYS ARE YOU AVAILABLE								
ARE YOU WILLING TO WORK OVERTIME?								
ARE YOU WILLING TO WORK OCCASIONAL SATURDAYS?								
ARE YOU WILLING TO ATTEND EVENING/WEEKENDS STAFF MEETINGS?								
DO YOU HAVE CURRENT CPR/FIRST AID?								
ARE YOU WILLING TO OBTAIN AND MAINTAIN CRP/FIRST AID CERTIFICATION?								
ARE YOU WILLING TO OBTAIN AND MAINTAIN THE TRAINING REQUIRED BY THE DEPARTMENT OF CHILDREN AND FAMILIES AND GR HUMAN RESOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
<i>Please list three professional references.</i>								
Full Name:				Relationship:				
Company:				Phone:		(    )		
Address:								
Full Name:				Relationship:				

Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
<b>EMPLOYMENT HISTORY</b>			
Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>MILITARY SERVICE</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination. Growing Room does not discriminate against anyone (adult or child) in any of our programs or activities based on race, color, national origin, age, disability, sex, marital status or veteran status. Our program makes accommodations as required by the ADA (Americans with Disabilities Act). We accommodate adults with special needs.</p>			
Signature:		Date:	