



EMPLOYMENT APPLICATION

This institution is an equal opportunity provider and an equal employment opportunity and at will employer.

All applicants for positions will be considered on the basis of qualifications and without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

PLEASE PRINT (blue or black ink)

Vacant Position Applied For: _____	Date of Application _____
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Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
Telephone Numbers where we can contact you:			
Home: _____	Work: _____	Other: _____	
Email Address: _____			
(Email address optional – used for the purpose of corresponding with you regarding your application.)			

What type of employment are you looking for? (check all that apply)					
Full-Time	Part-Time	Temporary-Seasonal	Weekends	Holidays	Other _____

<ul style="list-style-type: none"> Have you ever been employed by the Hub (Sheridan Senior Center) before? If yes, please give date/position: _____ Have you ever applied to work for the Hub (Sheridan Senior Center) before? If yes, please give date/position applied for: _____ Are you currently employed/where? _____ May we contact your present employer for references? Are you legally authorized to work in the United States? <i>(If hired, proof of citizenship or authorization to work in the U.S. will be required on first day of employment)</i> Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? On what date are you available for work? _____ 	Yes	No
How did you learn about the job opening with the Hub (Sheridan Senior Center) example: Workforce Services, Current Employee, Newspaper Advertisement, etc? _____		

EDUCATION

	School Name	Select Highest Grade Completed	Diploma Degree Yes/No	Major Course(s) of Study
Elementary School				
High School				
Technical School				
College				
Other				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize SPECIAL **JOB RELATED SKILLS AND QUALIFICATIONS** ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

Summarize any other SPECIAL SKILLS AND TRAINING not listed above:

Describe HONORS OR AWARDS received:

List PROFESSIONAL, TRADE, BUSINESS, OR CIVIL ACTIVITIES AND OFFICES HELD.

WORK RELATED REFERENCES

Give name, business name, address and telephone number of three work related references who are not related to you.

1.

Name	Business	Address	Telephone #

2.

Name	Business	Address	Telephone #

3.

Name	Business	Address	Telephone #

EMPLOYMENT EXPERIENCE

Start with your present or most recent position. If work performed information is already on your resume, fill in only those items not listed on your resume (i.e. reason for leaving, salary, etc.)

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Rate of Pay		
Supervisor	Start	Final	
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Rate of Pay		
Supervisor	Start	Final	
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Rate of Pay		
Supervisor	Start	Final	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper or ask for an extra copy of this page from the receptionist.

Have you ever had any job related training in the United States Military? Yes No
If yes, please describe and give dates:

Are you able to perform the essential functions of the job for which you are applying? Yes No
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

State any additional information you feel may be helpful to us in considering your application.

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation, by any oral statement or promise, or by any conduct unless an authorized executive of the Hub specifically acknowledges such change in writing.

I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant: _____ Date: _____