



JOB APPLICATION

NOTICE: Northeast Community Center is an Equal Opportunity Employer. Please notify a staff member if you need any accommodation or assistance with any part of the application process.

Specific Position Applied for: _____ Today's Date: _____

APPLICANT: In order to be considered for employment, this application must be completed entirely. Please remember to print clearly and to read and sign the last page.

FULL NAME

HOME PHONE

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

CITY

STATE

ZIP CODE

DAYTIME OR MESSAGE PHONE

SOCIAL SECURITY NUMBER

EMAIL

Why are you interested in this particular job? _____

What skills and training qualify you for this position?

What portions of your work experience qualify you for this job? _____

EMPLOYMENT HISTORY

Complete this section entirely. Do not substitute a resume (though you may also attach a resume). List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, attach additional pages.

Present or Last Position

<hr/>		<hr/>	
EMPLOYEEER		FROM (MONTH)	(YEAR)
<hr/>		<hr/>	
ADDRESS		TO (MONTH)	(YEAR)
<hr/>		<hr/>	
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER		
<hr/>		<hr/>	
DUTIES / RESPONSIBILITIES (BE SPECIFIC):	HRS/ WEEK (IF VARIED, INDICATE AVG.)		
<hr/>		<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	
<hr/>		_____ PER HOUR	
<hr/>		_____ PER MONTH	
<hr/>		_____ PER YEAR	
<hr/>		LAST YEARLY SALARY: _____	
<hr/>		MAY WE CONTACT THIS EMPLOYER?	
<hr/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

<hr/>		<hr/>	
EMPLOYEEER		FROM (MONTH)	(YEAR)
<hr/>		<hr/>	
ADDRESS		TO (MONTH)	(YEAR)
<hr/>		<hr/>	
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER		
<hr/>		<hr/>	
DUTIES / RESPONSIBILITIES (BE SPECIFIC):	HRS/ WEEK (IF VARIED, INDICATE AVG.)		
<hr/>		<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	
<hr/>		_____ PER HOUR	
<hr/>		_____ PER MONTH	
<hr/>		_____ PER YEAR	
<hr/>		LAST YEARLY SALARY: _____	
<hr/>		MAY WE CONTACT THIS EMPLOYER?	
<hr/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE

FROM (MONTH) (YEAR)

ADDRESS

TO (MONTH) (YEAR)

YOUR TITLE

SUPERVISOR'S NAME AND PHONE NUMBER

DUTIES / RESPONSIBILITIES (BE SPECIFIC):

HRS/ WEEK (IF VARIED, INDICATE AVG.)

PAID UNPAID

PER HOUR

PER MONTH

PER YEAR

REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:

LAST YEARLY
SALARY: _____

MAY WE CONTACT THIS EMPLOYER?

YES NO

List all other positions you have held in the past ten years, beyond the three most recent. Attach additional sheets if necessary.

EMPLOYER

ADDRESS

YOUR TITLE

YOUR SALARY

DATES OF EMPLOYMENT

REASON FOR LEAVING

EMPLOYER

ADDRESS

YOUR TITLE

YOUR SALARY

DATES OF EMPLOYMENT

REASON FOR LEAVING

EMPLOYER

ADDRESS

YOUR TITLE

YOUR SALARY

DATES OF EMPLOYMENT

REASON FOR LEAVING

EMPLOYER

ADDRESS

YOUR TITLE

YOUR SALARY

DATES OF EMPLOYMENT

REASON FOR LEAVING

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE _____ YRS.

GRAD. SCH. _____ YRS.

NAME OF SCHOOL

LOCATION

DIPLOMA / DEGREE

MAJOR

HIGH SCHOOL _____

COLLEGE OR UNIVERSITY _____

GRADUATE SCHOOL _____

VOCATIONAL OR TRAINING _____

ADDITIONAL INFORMATION

PROFESSIONAL MEMBERSHIPS AND AFFILIATES _____

PROFESSIONAL AND TRADE LICENSES _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

The Northeast Community Center is an equal opportunity employer and does not discriminate on the basis of age, religion, race, national origin, ancestry, color, sex, gender, gender expression, sexual orientation, marital status, pregnancy, disability, medical condition, genetic information, or veteran status. (_____ initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to my actual employment with the Northeast Community Center. (_____ initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. (_____ initial here)

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the Northeast Community Center's representatives any and all information regarding me and my previous employee. I release the Northeast Community Center, and all previous employers and supervisors, from liability for any damages that may result from furnishing information to the Northeast Community Center. (_____ initial here)

I understand that if I am selected for employment, the Northeast Community Center will request my authorization to conduct a background record check for employment purposes prior to finalizing an offer of employment. (_____ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of the Northeast Community Center. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the Center or myself. (_____ initial here)

SIGNED

DATE