

FRIENDS, INC.

Application for Employment



FRIENDS, INC.

GENERAL INFORMATION

Print Full Name	(First)	(Middle)	(Last)	(Social Security Number)
Address	(Number and Street)	(City)	(State)	(Zip)
Phone () () ()	Email			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give month/year _____				
Position desired			Pay expected	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? (Proof of identity and employment authorization will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?	
Have you ever been convicted of a felony? (Record of conviction does not disqualify Applicant from employment consideration.) The Applicant is not required to reveal sealed or expunged records of conviction. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of employment you are seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			If Part-time, list day(s) and hour(s) available.	

WORK EXPERIENCE (Note : We check all references)

PAST EMPLOYMENT	Employer, Address, Phone No.	Your Duties (Summarize)	Supervisor's Name	Specific Reason for Leaving	Pay Rate
From					Starting
To					Ending
From					Starting
To					Ending

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WORK EXPERIENCE (<i>Note</i> : We check all references)					
PAST EMPLOYMENT Date: <i>Month/Year</i>	Employer, Address, Phone No.	Your Duties (Summarize)	Supervisor's Name	Specific Reason for Leaving	Pay Rate
From					Starting
To					Ending
From					Starting
To					Ending

WORK EXPERIENCE (<i>Note</i> : We check all references)					
PAST EMPLOYMENT Date: <i>Month/Year</i>	Employer, Address, Phone No.	Your Duties (Summarize)	Supervisor's Name	Specific Reason for Leaving	Pay Rate
From					Starting
To					Ending
From					Starting
To					Ending

EDUCATION & TRAINING		
Name and Address of School	Select Last Year Completed	Specific Degree / Certificate Completed
High School	9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Business or Trade School	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
College or University	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Graduate Study	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

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List any other training courses, etc. Here:		
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*** Note: Please read the following statement carefully before signing.**

The information provided in this Application for Employment is true, correct, and complete. If I am accepted for employment, any misstatement or omission of fact on this application or provided in any interview may result in my dismissal. I understand that this Application for Employment and other FRIENDS, Inc. documents are **not** contracts of employment.

I authorize FRIENDS, Inc. to thoroughly investigate my references, personal history, work record, and other matters related to my suitability for employment. I also release FRIENDS, Inc. from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that if I am employed, my employment is for no definite period of time and may be terminated at any time, with or without prior notice, at the option of either myself or FRIENDS, Inc., and that no promises or representations contrary to the foregoing are binding on FRIENDS, Inc. unless made in writing and signed by me and FRIENDS' Executive Director.

NOTE TO APPLICANT: Please note that this application is considered current for thirty (30) days. If you want to be considered for employment after this time, you must complete another Application for Employment.

Applicants Signature

Date Signed