



# EMPLOYMENT APPLICATION

Please complete the entire application

## PERSONAL INFORMATION

Last Name		First	M.I.	Today's Date	If hired, when can you start?	
Street Address				Home Telephone ( )		
City		State	Zip	Business Telephone ( )		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number		Drivers License State          Number		
Provide the days and hours that you are available to work:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## EMPLOYMENT EXPERIENCE

Please provide an accurate and complete record of your full-time and part-time employment record. Start with your present or most recent employer. Be sure to attach resume.

<b>1</b>	Employer		Telephone ( )			
	Address		Start Date: / /		End Date: / /	
	What Were Your Responsibilities?		Starting Salary: \$		Ending Salary: \$	
			Reason for Leaving:			
	May we contact this employer?		Name, Title of Supervisor, Phone			

<b>2</b>	Employer		Telephone ( )			
	Address		Start Date: / /		End Date: / /	
	What Were Your Responsibilities?		Starting Salary: \$		Ending Salary: \$	
			Reason for Leaving:			
	May we contact this employer?		Name, Title of Supervisor, Phone			

<b>3</b>	Employer		Telephone ( )			
	Address		Start Date: / /		End Date: / /	
	What Were Your Responsibilities?		Starting Salary: \$		Ending Salary: \$	
			Reason for Leaving:			
	May we contact this employer?		Name, Title of Supervisor, Phone			

### REFERENCES

1	Last Name	First	M.I.	Relationship to you
	Street Address			Home Telephone (    )
	City	State	Zip	Business Telephone (    )
2	Last Name	First	M.I.	Relationship to you
	Street Address			Home Telephone (    )
	City	State	Zip	Business Telephone (    )
3	Last Name	First	M.I.	Relationship to you
	Street Address			Home Telephone (    )
	City	State	Zip	Business Telephone (    )
4	Last Name	First	M.I.	Relationship to you
	Street Address			Home Telephone (    )
	City	State	Zip	Business Telephone (    )
5	Last Name	First	M.I.	Relationship to you
	Street Address			Home Telephone (    )
	City	State	Zip	Business Telephone (    )

### EDUCATION

Name of School	Location	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify foreign language skills:				Speak Fluently?	



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## TRAINING

Name of Certifying Institution	Location	Date Attended	Certification Received	Date Certification Received

## REFERRAL SOURCE

<input type="checkbox"/> Computer/Internet Listing	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Employee Name:	<input type="checkbox"/> Outside Organization Name:	

### APPLICANTS IN THE STATE OF CALIFORNIA AND MINNESOTA ONLY

Please check here to have a copy of your consumer report sent directly to the address listed in the "Personal Information" section of this application.

Signature

Date

### APPLICANTS IN THE STATE OF MARYLAND ONLY

Under Maryland law, an employer may not require or demand any application for employment or prospective employment or any employ to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100.00.

Signature

Date

**It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.**

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release The Stork Stops Here / Sensitive Sitters from all liability for any damage that may result from utilization of such information.

Signature

Date