## **EMPLOYMENT APPLICATION**

GENERAL INFORMATION	ON					
	<del>:</del>					
Name: Last, First, Middle	Name:					
Address: House Number, S	treet, Apt.					
		:: Zip:_				
Phone: (US Citizen? Y /N Date Available:						
Position Applying For: Salary Requirement:						
Are you able to work evening	gs and weekends, if necessary?	Y N				
Do you have a valid driver's license? Y N If yes, number: State:						
If applying for Bus Driver position, do you have a current chauffeur's license or CDL? Y N						
Are you State Certified? Y N (We will need a copy of license and certification for our records.)						
Have you ever been convicted	of any offense greater than a m	inor traffic violation? Y N				
If yes, Penalty: Date: Place:						
Charge:						
Are you able to perform the essential jo notification is given, in order to allow d	b duties with or without accommodation lisabled applicants to perform the essentia	? Yes No (Reasonable accommodal functions of the position applied for).	ation will be provided if necessary, or if			
EDUCATION						
Name & Location	Highest Year Completed	Course of Study	Degree/Diploma			
High School	9 10 11 12					
Technical School						
College						
Graduate School						
Other			}			
			<u> </u>			
Foreign Languages Spoken:		Read:				

Employer:	WORK EXPERIEN	ICE			<u> </u>
Employer: Reason for Leaving:    Employer:					
From (mo/yr)  Reason for Leaving:    Employer:					
Reason for Leaving:    Employer:	Employment Date:		Salary:	\$	_ per
Employer:   Job Title:   Address:   Nature of Work:   Employment Date:   From (mo/yr)   Salary:   \$ per	Phone:		Supervisor:		
Address: Employment Date: From (mo/yr) From (mo/yr) From (mo/yr) From (mo/yr) Salary: From (mo/yr) Salary: From (mo/yr) Fr	Reason for Leaving:				ii
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Employer:   Salary:   Service   Supervisor:		-			
Phone: Reason for Leaving:   Supervisor:					_ per
Employer: Address: In (mo/yr) Salary: Phone: Reason for Leaving:  If employed, may we contact your current employer? Reason for Leaving:  If employed, may we contact your current employer? When:  When:  REFERENCES  List a combination of three employment and personal references and check in the box if they are employer or personal.  Name Address Phone Employer Personal  Learlify that the answers that appear on this application are complete and true. I hereby authorize my former employers to furnish their records of my service an reason for leaving their employment, together with all information they may have concerning me whether on record or not. I also release any individual, partners corporation which formerly employed me and/or schools, I attended, their officers, agents, and employees from any liability for any damage whatsoever for issuing information.  I realize falsification or omissions of any information on this application or during my interview, receipt of a poor reference, or failure to successfully complete a physical examination at any time may be cause for my rejection or dismissal.  It will submit to any physical examinations required at any time by MDS CAA & HRA Programs. If employed, I agree to observe at all times all MDS Community Action Agency & Human Resources Authority rules and regulations.	Phone:	110111 (1110, )1)	Supervisor:		
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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.