Supporting those who help others.

APPLICATION FOR EMPLOYMENT

Date: _____

Name (Last, First, MI): _____

Present Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____
(Area Code)

Previous Address: _____
(Street) (City) (State) (Zip)

Are you over 17 years of age? ☐ Yes ☐ No
If under 18, do you have appropriate working papers? ☐ Yes ☐ No
Are you legally employable within the United States at the present time? ☐ Yes ☐ No

Have you ever been convicted of a crime? If so, please explain

_____

Have you ever applied to this organization for a job before? ☐ Yes ☐ No
If so, when? _____

What brought you to this organization?

☐ NSC Job Announcement ☐ Website ☐ Referral

Were you ever employed by this organization previously? ☐ Yes ☐ No
If so, when? _____

Position Desired: _____ Salary Desired: $_____ Annually

Status Desired: ☐ Full Time ☐ Part Time

Date Available for Work: _____

Work Experience

Please list below all employment since high school or last 10 years, whichever is less, beginning with most recent experience first.

From Mo./Yr.	To Mo./Yr.	Employer Name, Address	Position	Salary		Supervisor's Name, Title	Reason for Leaving
				Beg.	End		

Education Background

List Name	Address	Course of Study	Graduate? If so, state degree and year received.
High School:			
College/Technical:			
Graduate School:			
Post-Graduate:			

Are you still in school? ☐ Yes ☐ No If yes, where?

How many courses are you currently taking? Number of Credits:

What is the course of study?

Special Skills (list only those that are job related):

Please indicated which, if any foreign languages you:

Speak: Read: Write:

References

Give the name, address, and telephone number of additional references other than a relative or employer:

Name	Address	Telephone Number

Employee Responsibility to the Organization: (please read prior to signing)

As a condition of my employment, I accept the principle that the welfare of the organization depends on the conduct and honesty of the members of the staff and on the trust and confidence of the public. I therefore agree to the following:

I agree to give no unauthorized information relative to the work of the organization or its relation with others, and to discuss no matters of a confidential nature relating to the organization's affairs unless such discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.

I agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement, or employee misconduct, that I discover or know to have taken place in any records, property, or funds of the organization, and to report any transaction or matter that seems damaging to the organization.

I acknowledge and understand that any violation of this Agreement may result in the termination of my employment.

Name: Date:

Signature:

Please also read before signing. If you have any questions regarding this statement, please ask them of any interviewer before signing.

In the event of my employment with this organization, I will comply with all rules and regulations as set forth in the organization's policy manual or other communications distributed to all staff members. I understand that such employment is conditioned upon a favorable health evaluation that may include a physical examination by a doctor selected by the organization and to which I hereby assent. I further agree to complete all necessary forms in that regard. Additionally, I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application

unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are herby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the organization. If accepted for employment, I agree to have my fingerprints and photograph taken for the purposes of identification and the maintenance of internal security. I understand that past employers/educational institutions and/or military will be contacted for references. For reference purposes,

☐ You may contact my present employer.

☐ You may not contact my present employer.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant's Signature _____ Date _____