



Women at the Well Grace House

Employment Application

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate/Work Number: _____

Email Address: _____

Position Applying For: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes _____ No _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Grace House will verify the status of every individual offered employment. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you capable of performing the essential functions of the job which you are applying, with or without a reasonable accommodation? Yes _____ No _____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Company Name: _____ Position/Title _____

From: Month _____ Year _____ To: Month _____ Year _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Supervisors Name: _____ Phone Number: _____

Type of Business: _____ Starting Pay: \$ _____ Final Pay: \$ _____

Termination: Voluntary _____ Involuntary _____ Reason: _____

Briefly describe your job duties: _____

Company Name: _____ Position/Title _____
 From: Month _____ Year _____ To: Month _____ Year _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Supervisors Name: _____ Phone Number: _____
 Type of Business: _____ Starting Pay: \$ _____ Final Pay: \$ _____
 Termination: Voluntary _____ Involuntary _____ Reason: _____
 Briefly describe your job duties: _____

Company Name: _____ Position/Title _____
 From: Month _____ Year _____ To: Month _____ Year _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Supervisors Name: _____ Phone Number: _____
 Type of Business: _____ Starting Pay: \$ _____ Final Pay: \$ _____
 Termination: Voluntary _____ Involuntary _____ Reason: _____
 Briefly describe your job duties: _____

EDUCATION

	<u>NAME / LOCATION</u>	<u>GRADUATE/ DEGREE</u>	<u>MAJOR / SUBJECT OF STUDY</u>
High School:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____

REFERENCES: Please list three professional references

	<u>NAME</u>	<u>TITLE</u>	<u>COMPANY</u>	<u>PHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and constitutes authority to verify all information submitted on this application. I understand that any misrepresentation or omission of any in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the company.

I understand that this application is not an employment contract for any specific length of time between the company and me, and that in the event I am hired, my employment will be “at will” and either the company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the company’s part. The company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, business, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information purposed of evaluating my credentials and qualifications.

SIGNED: _____ **DATE:** _____