



## Application for Employment

### Personal Information

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
Position Desired			Pay Expected
Available for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, how many hours per week? _____			When will you be available to Begin work? _____
How did you learn about this position?			
Are you legally eligible for employment in the United States?			
Are you listed on any employee disqualification list such as Social Services, Health or Mental Health in the U.S.? ____ No ____ Yes			
Have you been convicted of a felony in the last seven (7) years? ____ No ____ Yes			
Have you ever been a party to a civil lawsuit in the last five (5) years? ____ No ____ Yes			
Special training or skills (languages, office machines, etc.)			

### Education Information

School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment Information

**\*Please give accurate, complete employment record. Start with your present or most recent employer.**

**\*You may attach your resume.**

Company Name	Telephone ( )
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

## Employment Information Continued

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

## Personal or Professional References

Name	Daytime Telephone ( )	Evening Telephone ( )
Street Address	City, State, Zip Code	
Relationship	How Long Known?	

Name	Daytime Telephone ( )	Evening Telephone ( )
Street Address	City, State, Zip Code	
Relationship	How Long Known?	

Name	Daytime Telephone ( )	Evening Telephone ( )
Street Address	City, State, Zip Code	
Relationship	How Long Known?	

Please be advised that Mattie Rhodes Center conducts background checks and pre-employment drug screening for all new hires to meet the needs of all regulatory bodies.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for termination of the hiring process or from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature