



EMPLOYMENT APPLICATION

Completion of this application in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying.

APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Available \_\_\_\_\_ Desired Salary \_\_\_\_\_ Desired Position \_\_\_\_\_

Type of Employment Sought? [ ] Part-Time [ ] Full-Time

Can you work Weekends (Saturday/Sunday)? [ ] Yes [ ] No

Are you eligible for employment in the USA? [ ] Yes [ ] No

If applying for a direct service provider position, are you at least 21 years of age or older? (If yes, verification will be required if employed) [ ] Yes [ ] No

Have you earned a high school diploma or GED? (If yes, verification will be Required upon employment) [ ] Yes [ ] No

Have you ever worked for this company? [ ] Yes [ ] No If yes, When? \_\_\_\_\_

CRIMINAL BACKGROUND INFORMATION (All Applicants)

Have you ever been convicted of a Felony? [ ] Yes [ ] No If you answered yes, please explain below:

Empty box for explaining felony conviction.

EDUCATION AND TRAINING (Verification will be required upon employment)

Name of High School or GED Testing Site? \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Did you Earn a Degree? [ ] Yes [ ] No Type of Degree Earned: \_\_\_\_\_

Have you completed Certified Peer Support Training? [ ] Yes [ ] No

If yes, where? \_\_\_\_\_ Date of Completion/Testing: \_\_\_\_\_



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#### EMPLOYMENT HISTORY (List all past employers, beginning with the most recent first)

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Dates Worked: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No  
Are you eligible for re-hire?  Yes  No

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Dates Worked: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No  
Are you eligible for re-hire?  Yes  No

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Dates Worked: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No  
Are you eligible for re-hire?  Yes  No



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**MILITARY SERVICE**

Branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list the names and contact information of three professional references (current and/or former co-workers, customers, supervisors, teachers, professors, volunteer coordinators, internship managers, etc.) we can contact who have knowledge about your employment history, education and character. These professional references cannot be family members of the applicant.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Length of Relationship \_\_\_\_\_ (years/months) Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Length of Relationship \_\_\_\_\_ (years/months) Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Length of Relationship \_\_\_\_\_ (years/months) Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

By signing below, I certify that all information provided is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications is grounds for refusal to hire, or if hired, termination.

I authorize you to request, receive and verify all information given in this application.

Permission is granted for any persons or companies referenced in this application to give you any and all relevant, job-related information that will assist in the process.

\_\_\_\_\_  
Applicant Name (PRINT)                      Applicant Signature                      Date

CHEEERS is an equal employment opportunity employer. It is our policy to make employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, veteran status, or disability.

Persons with a disability may request a reasonable accommodation by contacting CHEEERS' Human Resources Office. Requests should be made with as much advance notice to allow time to arrange the accommodation.