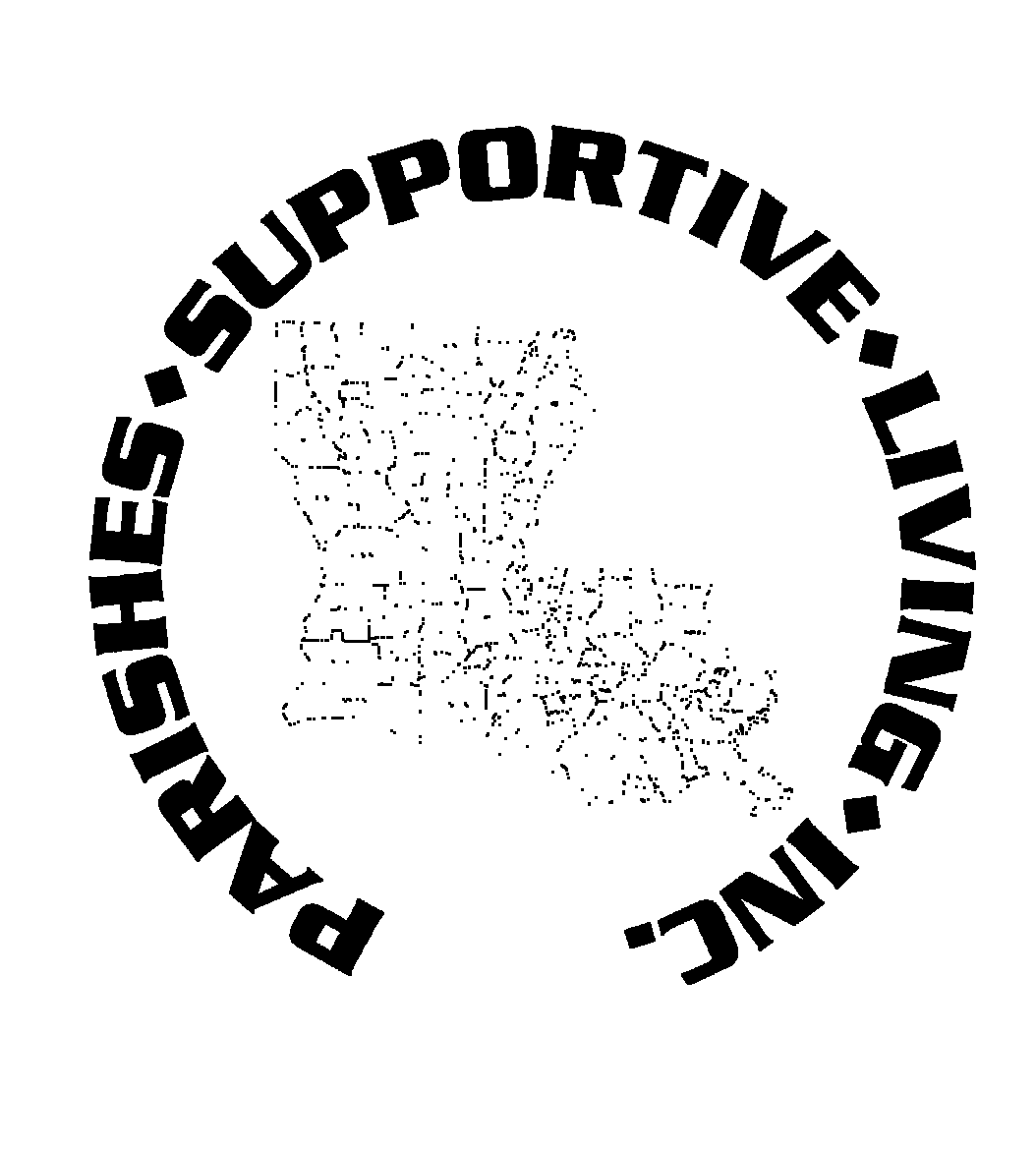
# BLUE INK ONLY

***“When only independence matters”***



EMPLOYMENT APPLICATION

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

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

*Street, city, state, zip*

Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**DO YOU HAVE DEPENDABLE TRANSPORTATION**? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Are you at least 18 yrs of age? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_

Date available to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Hours? Full time\_\_\_\_\_\_\_, Pt Time\_\_\_\_\_\_\_\_, Temporary\_\_\_\_\_\_\_

Have you previously applied for this company? Yes\_\_\_\_, No\_\_\_\_ ,if Yes, When did you apply?\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? Yes\_\_\_\_, No\_\_\_\_ (proof must be provided)

If NO does your immigration status permit you to work in the U.S.? Yes\_\_\_, No\_\_\_ (Proof must be provided)

Were you ever in the U.S. Armed Forces? Yes\_\_\_\_, No\_\_\_\_ if yes what branch? \_\_\_\_\_\_\_\_\_ and you must provide DD214

### EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name of high school & location* | Did you graduate? | *Degree* | *Major* | *G.P.A* |
| *College/ Other*  *GED* |  |  |  |  |

REFRENCES: (providing this info means that you give this organization permission to contact these references.)

|  |  |  |
| --- | --- | --- |
| *Name* | Address | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

EMPLOYEE WORK HISTORY (please begin with your most recent position)

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street, City, state, zip*

### Date of Employment: From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate supervisor’s Name & Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of duties & responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street, City, state, zip*

### Date of Employment: From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate supervisor’s Name & Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of duties & responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street, City, state, zip*

### Date of Employment: From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate supervisor’s Name & Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of duties & responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PLEASE READ CAREFULLY BEFORE SIGNING)**

***All of the information that I have given to PSL in considering me to be a employee is correct. I authorize the investigation of all matters concerning my consideration to be a employee. This investigation may include a criminal background search. I waive any right to prior written notice and authorize my former employers, references, and acquaintances to give any such information they have regarding me. I release and indemnify this employee, as well as any parties from whom information is obtained, from liability whatsoever resulting from the investigation and release of this information. If any information I have given to PSL is un-true or if I have concealed any information I understand that this may result in denial of my employment and or termination of my employmentwith Parishes Supportive Living, Inc.***

### Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_