EMPLOYMENT APPLICATION

Name:	Р	Phone Number:		
Address:	City:	State:	Zip:	
Are you eligible to work in t	the United States? Yes	No		
(If "yes", at time of hire, you purposes)	ı will be asked to provide 2 for	ms of valid identifica	ition for validatio	n
Have you been convicted of	or pleaded non contest to a fe	lony within the last 5	5 years? Yes	No
If Yes, explain:				
	Availabilit	tv		
(Plea	ase give general availability. If no d	-	"all")	
Days Available	<u>Hours Available</u>			
Sunday			Desired W	<u>age</u>
Monday				
Tuesday			\$	_ per hr
Wednesday				
Thursday			Available S	Start Date

Education

Indicate highest completed

Some High School

Friday

Saturday

HS Graduate

Some College

College Graduate

Name and Address of Schools Attended, Diploma or Degree, and date graduated:

References

List 2 people who know you and your work. Do not list relatives or previous employers

	Name/Title	Occupation	Email Address	Phone #
1.				
2.				

Employment History

List most recent Positions first

Employer:		Phone:		
Address:		May we contact?	Yes	No
Supervisor:		Start Pay:	End Pay:	
Job Duties				
Employment Dates:	to	Reason for leaving		
Employer:		Phor	16:	
Address:		May we contact?	Yes	No
Supervisor:		Start Pay:	End Pay:	
Job Duties				
Employment Dates:	to	Reason for leaving		
Employer:		Phor	1e:	
Address:		May we contact?	Yes	No
Supervisor:		Start Pay:	End Pay:	
Job Duties				
Employment Dates:	to	Reason for leaving		

- 1. I certify that all answers contained in this application are true and correct to the best of my knowledge.
- 2. I understand that any false statement or willful omissions may be cause for rejection of my application or if employed, amount to sufficient grounds for dismissal without further notice.
- 3. I authorize release of employment, salary, education, and other records to The Leadership Center for the purpose of checking my references and verifying my employment and educational history.
- 4. In consideration of my employment, I agree to conform to the rules and regulations of The Leadership Center. If employed, my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either The Leadership Center or myself.
- 5. The Leadership Center is a Drug Free workplace and I agree to submit a physical examination and, or drug screen as requested by The Leadership Center. I understand my initial and continued employment is contingent upon my meeting such medical standards as The Leadership Center may then have in effect
- 6. I will supply The Leadership Center with 2 (two) forms of identification as required by Federal Laws. These 2(two) forms of identification must be provided as a condition of employment. Failure to produce these documents will be grounds for immediate termination.

Applicants Signature: _	
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Date: _____

The Leadership Center is an Equal Opportunity Employer

Applicants will be selected solely on qualifications without regard to age, sex, race, color, religion, national origin, disability or any other legally protected status required by law