

### Application for Employment

*(Please complete all sections. If your application is incomplete it may not be accepted).*

Applicant Information					
Last Name:		First Name:		Middle Name:	
Social Security Number:		Date of Application:			
Mailing Address (Street):					
City:		State:		Zip Code:	
Phone:		Alternate Phone:			
Driver's License Number:		Are You At Least 18 Years Of Age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you a U.S. citizen/permanent resident/foreign national with authorization to work in the U.S.?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been convicted of/ entered a plea of no contest/had a judgment withheld to a felony?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, explain:					

Employment Desired			
Position:		Date Available:	
Wages Desired:	\$	<input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUALLY (Must include \$ amount).	
Hours:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If part time, explain:	
How did you learn of this opening?			

Education/Certification <i>(Schools attended or special training received).</i>			
School:		Location:	
From:		To:	
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of degree or diploma:	
School:		Location:	
From:		To:	
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of degree or diploma:	
Do you have a current CPR card?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a current First Aid card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List other training/certifications:			

Employment History						
<i>(Start with current employer or most recent. Please complete "Salary" and "Reason for Leaving" if attaching resume).</i>						
Employer:				Job Title:		
Start Date:		End Date:		Hours/Week:		
Address:				Phone:		
Supervisor:				May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Duties:				Reason For Leaving?		
Beginning Salary:	\$			Ending Salary:	\$	
Employer:				Job Title:		
Start Date:		End Date:		Hours/Week:		
Address:				Phone:		
Supervisor:				May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Duties:				Reason For Leaving?		
Beginning Salary:	\$			Ending Salary:	\$	
Employer:				Job Title:		
Start Date:		End Date:		Hours/Week:		
Address:				Phone:		
Supervisor:				May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Duties:				Reason For Leaving?		
Beginning Salary:	\$			Ending Salary:	\$	

References			
<i>(Excludes relatives).</i>			
Name:			Relationship:
Address:			Phone:
Name:			Relationship:
Address:			Phone:
Name:			Relationship:
Address:			Phone:

Signature	
Community Services, Inc. (CSI) is an equal opportunity employer. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If submitting electronically: Typing your name into the "printed name" block below, serves as your signature for electronic submission of application.	
Printed Name:	
Signature:	