

EAST TOLEDO FAMILY CENTER

1020 Varland
Toledo, OH 43605
(419) 691-1429



APPLICATION FOR EMPLOYMENT

Please Print: Today's Date _____

Name _____
First Middle Last
Address _____
Street City State Zip
Previous Address _____
Street City State Zip
Telephone () _____ Driver's License Number _____

EMERGENCY CONTACT:

Name _____ Relationship _____ Phone () _____

Type of job for which are applying _____ Are you 18 or older: _____

Full Time _____ Part time _____ If you are hired, what date will you be able to start _____

Have you ever been convicted or plead guilty to a felony? Yes _____ No _____

If yes, describe in full: _____

REFERENCES: (Excluding former employers or relatives)

Name	Occupation	Address	Phone Number

EDUCATION:

	Name	Address	Graduated	Major
Junior High			Yes___ No___	
High School			Yes___ No___	
College			Yes___ No___	
Graduate School			Yes___ No___	
Other			Yes___ No___	

Describe any additional qualifications that you have, or any additional statements you wish to offer for consideration. Include special courses, volunteer work, internships or other experiences, which you feel may be pertinent to your employment at the East Toledo Family Center.

EMPLOYMENT HISTORY- List in order, most recent or present employer first.

Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Disclaimer and Signature			
I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal, and I hereby grant the right to check with the appropriate resources to verify information I have given on this application.			
I understand that if offered a position, I may be required to submit to a pre-employment drug screening and criminal background check as a condition of employment. I further understand that I may be required to complete a pre-employment physical exam depending upon the position offered. I understand that receipt of unsatisfactory results from, failure to complete as required or any attempt to affect the results of testing, will result in the immediate withdrawal of any offer of other employment or the termination of employment if already employed.			
Signature		Date	

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment would be based only on your merit and on no other consideration. We are an equal opportunity employer.

(Official Use Only)

Interviewed by: _____
 Reference Checked ? _____ Date ___/___/___ Hired: Yes ___ No ___ Starting Date: _____
 Position: _____ Department: _____