

EMPLOYMENT APPLICATION

9. Have you ever been convicted of or pleaded guilty to a felony in the past seven years? ☐ Yes ☐ No

If yes, please explain: (give date, location, charge, etc .

(Conviction will not necessarily disqualify you for employment)

10. If the job requires, do you have a valid driver's license?

DL#: _____ Type: _____ State of Issue: _____

Have you had any moving violation in the past 3 years?

If yes, please describe _____

11. Do you have any relatives currently employed by Moenkopi Senior Center, Inc.? ☐ Yes ☐ No

If yes, please list _____

Person to be contacted in case of emergency:

Name: _____

Address: _____

Relationship: _____

Telephone#: _____

City: _____ State: _____ Zip: _____

EDUCATIONAL BACKGROUND:

Type of School	Name/City	How many Years Attended	Graduated	Course or Major
High School		1 2 3 4	yes no	
College		1 2 3 4	yes no	
Post Graduate		1 2 3 4	yes no	
Business or Trade		1 2 3 4	yes no	
Other				

EMPLOYMENT HISTORY:

List your last (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Employer:	Telephone:	Dates Employed Month/Year	Summarize the nature of the work performed and job responsibilities
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Address:

Job Title: _____ Hourly Rate/Salary _____

Immediate Supervisor and Title: _____ \$ _____ Per _____

Reason for Leaving: _____

May we contact for reference/verification

☐ yes ☐ no ☐ later

Employer:	Telephone:	Dates Employed Month/Year	Summarize the nature of the work performed and job responsibilities
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Address:	From	To
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Job Title:	Hourly Rate/Salary
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Immediate Supervisor and Title:	\$	Per
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Reason for Leaving:

May we contact for reference/verification	☐ yes ☐ no ☐ later
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Employer:	Telephone:	Dates Employed Month/Year	Summarize the nature of the work performed and job responsibilities
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Address:	From	To
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Job Title:	Hourly Rate/Salary
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Immediate Supervisor and Title:	\$	Per
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Reason for Leaving:

May we contact for reference/verification	☐ yes ☐ no ☐ later
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Comments: Including explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extracurricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

ADDITIONAL INFORMATION

Other Qualifications and /or Certification Summarize special job-related and qualifications acquired for employment and other Experience, CDL, First Aide, CPR, LPN, Etc.

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal

_____ PC/MAC

_____ Typewriter

_____ WPM

_____ Spreadsheet

_____ Word Processing

_____ Shorthand

_____ WPM

Production/Mobile Machinery (list)

Other

_____ WPM

State any additional information you feel maybe helpful to us considering your application.

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

NAME	PHONE NUMBER	BEST TIME TO CALL	OCUPATION
1.			
2.			
3.			

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature which means that the Employees may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, also, that I am required to abide by all rules and regulations and of the employer.

WE ARE EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant

Date