

WAYNESVILLE/ST. ROBERT SENIOR CENTER
EMPLOYMENT APPLICATION

Application Information

Full Name _____ Date: _____
 Last First M.I.

Address: _____ Phone: _____
 Street Address Apt/Unit #

_____ Email: _____
 City State Zip Code

Date Available: _____ SSN _____ Birth Date _____

Position Applied For: _____

Are you a citizen of the US? Yes [☐] No [☐]

If no, authorized to work in US? Yes [☐]. No [☐]

Have you worked for us before? Yes [☐] No [☐]. If yes, when: _____

Have you been convicted of a felony? Yes [☐] No [☐] If yes, explain

Do you currently have any pending legal proceedings or matters that may affect your ability to perform the duties of this position? Yes [☐]. No [☐]

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes [☐] No [☐] Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes [☐] No [☐] Degree: _____

Other Education: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes [☐] No [☐] Degree: _____

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References (Please list two professional references)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

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EMPLOYMENT APPLICATION

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

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 may result in my release.

Signature: _____ Date: _____