

Concerned Citizens for a Better Algiers

D/B/A/

Home Again Residence

Application for Employment

PERSONAL INFORMATION:

First Name _____ Middle _____ Last _____

Street Address: _____ City/State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____ Other # _____

Date of Birth: _____ Are you a U.S Citizen? _____ Are you eligible to work in the U.S. _____

Are you registered to vote? _____ Are you Male or Female? (circle the appropriate answer)

Have you ever been convicted of any offense other than a minor traffic violation? Yes or No (circle the appropriate answer)

If yes, what was your offence _____

Conviction Date: _____

Education and Training (list below all schools attended starting with high school)

Name of School Attended	Street Address	City/State/Zip Code	Did you Graduate?	Type of Degree or Diploma

***This application is not considered complete unless signed and dated by the applicant. All applicants are required to undergo random drug testing and a criminal background check upon hire.**

Signature of Applicant: _____ **Date:** _____

List any other license or specific training you have acquired below:

_____.

Do you have a GED? _____ If yes what date did you acquire: _____

Employment Record: (list in order of most recent employer) May we contact your previous employer? Yes or No

Name of Last/Present Employer: _____ Address: _____

Supervisors Name: _____ Position held: _____

Salary: _____ FT/PT: _____ Reason for Leaving: _____

Employed From _____ to _____

Name of Employer: _____ Address: _____

Supervisors Name: _____ Position held: _____

Salary: _____ FT/PT: _____ Reason for Leaving: _____

Employed From _____ to _____

Name of Last/Present Employer: _____ Address: _____

Supervisors Name: _____ Position held: _____

Salary: _____ FT/PT: _____ Reason for Leaving: _____

Employed From _____ to _____

Name of Last/Present Employer: _____ Address: _____

Supervisors Name: _____ Position held: _____

Salary: _____ FT/PT: _____ Reason for Leaving: _____

Employed From _____ to _____

Signature of Applicant: _____ **Date:** _____

In the event of an emergency, who would you like us to contact?

Name: _____ Phone: _____

Street Address: _____ City/State/Zip: _____

List at least 3 Personal References below that you have known for at least 10(ten) years:

Name: _____ Address: _____

Relationship: _____ Phone # _____

Method of Contact: _____ Date Contacted: _____

Name: _____ Address: _____

Relationship: _____ Phone # _____

Method of Contact: _____ Date Contacted: _____

Name: _____ Address: _____

Relationship: _____ Phone # _____

Method of Contact: _____ Date Contacted: _____

Name of Person Performing the Reference Checks & Date: _____

Employment References Checked (if applicable) yes or no _____

Spoke to Name/Title: _____ Employer: _____ Eligible for Rehire _____

Phone # _____ Date: _____ Verified Employment Dates _____ (which were) _____

Spoke to Name/Title: _____ Employer: _____ Eligible for Rehire _____

Phone # _____ Date: _____ Verified Employment Dates _____ (which were) _____

Spoke to Name/Title: _____ Employer: _____ Eligible for Rehire _____

Phone # _____ Date: _____ Verified Employment Dates _____ (which were) _____

Name of Person Performing the Reference Checks and Date: _____

Signature of Applicant: _____ **Date:** _____