



## APPLICATION FOR EMPLOYMENT

COMPLETE IN INK; USE OWN HANDWRITING

WHICH POSITION ARE YOU APPLYING FOR: \_\_\_\_\_

LAST NAME:	FIRST:	MIDDLE:	SOCIAL SECURITY NUMBER:	DATE OF APPLICATION:
ADDRESS:	CITY:	STATE:	ZIPCODE:	
PHONE NUMBER:	ARE YOU LICENSED TO DRIVE IN THIS STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVER LICENSE# _____ STATE: _____ * DMV checked routinely			
HIV status (optional) <input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- * Preference given to HIV+ individuals				
HAVE YOU EVER WORKED FOR OR APPLIED FOR WORK WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST LOCATION AND APPROXIMATE DATE				
ARE YOU A U.S. CITIZEN/NATIONAL OR DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### MILITARY SERVICE

BRANCH OF SERVICE:	INITIAL RANK:	FINAL RANK:
DATE ENTERED:	DATE DISCHARGED: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	TYPE OF DUTY PERFORMED:

### EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	FROM MONTH/YEAR	TO MONTH/YEAR	YEAR COMPLETED	DID YOU GRADUATE?
HIGH				1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY				1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIV/AIDS TRAINING					
COMPUTER SKILLS/ TRAINING					
OTHER TRAINING					

### LANGUAGES

LANGUAGE	SPEAK?	READ?	WRITE?
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CRIMINAL BACKGROUND

Empower "U", Inc. Community Health Center screens prospective employees in order to ensure the protection of our clients, staff and other employees. We require information regarding your criminal history. Have you ever been convicted of a crime other than a traffic offense?  
 **YES**  **NO** (Please note that answering yes to this question will not necessarily prohibit you from employment with Empower "U", Inc. Depending on the nature of the crime, it may limit your employment opportunity. However, we ask that you respond to this question truthfully. We realize that no one is perfect, and people make mistakes.)

If yes, what were you convicted of? \_\_\_\_\_

# WORK EXPERIENCE (List previous employers, starting with most recent, whether part or full time.)

EMPLOYER	ADDRESS CITY	STATE	FROM MO./YR.	TO MO./YR.	JOB DESCRIPTION SUPERVISOR'S NAME	SALARY RATE	REASON FOR LEAVING
1.							
TELEPHONE							
2.							
TELEPHONE							
3.							
TELEPHONE							

MAY WE CALL YOUR PRESENT EMPLOYER NOW?  YES  NO IF NO, WHEN MAY WE CALL? \_\_\_\_\_

WHEN REQUIRED BY THE JOB, ARE YOU WILLING TO WORK WEEKENDS?  YES  NO SHIFTS?  YES  NO

# REFERENCES (Give names of at least 3 business references (local, if possible) who have known you over 3 years. Omit relatives)

NAME	ADDRESS	BUSINESS/PHONE	HOW LONG KNOWN YOU?

I authorize **Empower "U", Inc.** to verify all statements contained in this application and to make any necessary references and backgrounds checks as appropriate.

I understand that to get this job I must meet the physical requirements of the job.

In event of my employment, I will furnish proof of identity; proof of U.S. citizenship or other proof that I may legally accept such employment; and proof of date of birth.

I certify that all statements I have made in this application are true and agree that any false statements or omissions of facts called for may result in cancellation of my application for employment or immediate dismissal.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_