



THE FRESNO CENTER

EMPLOYMENT APPLICATION

Applicant Information:

Mr./Ms.	Last Name	First	Middle	Application Date
Address				
City			Zip Code	Telephone Number
Do you have legal documents to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			List any military status and classification.	

Position Applying for:

Position Desired	Salary Desired	I am seeking employment for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Date available to start
Have you ever applied for employment with this organization before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?
Do you have relatives employed with this organization? If yes, please state name of individual and relationship.			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If currently employed may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment History: Please list most recent job first.

1	Dates Employed	Employer Name and Address	Phone Number	Supervisor's Name
	Position	Monthly Salary	Duties:	Reason for Leaving
2	Dates Employed	Employer Name and Address	Phone Number	Supervisor's Name
	Position	Monthly Salary	Duties:	Reason for Leaving
3	Dates Employed	Employer Name and Address	Phone Number	Supervisor's Name
	Position	Monthly Salary	Duties:	Reason for Leaving
4	Dates Employed	Employer Name and Address	Phone Number	Supervisor's Name
	Position	Monthly Salary	Duties:	Reason for Leaving
Do you give The Fresno Center permission to contact your previous supervisor(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Education:

	Name and Location of School	Date of Graduated	Subject/Major	Diploma, Degree, Certificate Obtained
High School				
College				
Business/Other				

Licenses/Certificates/Registration:

License/Certificate/Registration Title:	License/Certificate/Registration Number:	Issue Date	Expiration Date:

If applying for a licensed position are you able to supervise? Yes No N/A

List any programs and computer skills you may used such as Microsoft Word, Excel, Publisher, or Access:**Professional References:** Please list 3 non-relatives whom you have known for at least 2 years.

	Name	Address	Telephone	Occupation	Years Known
1					
2					
3					

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be cause for dismissal. I understand and agree that my employment is of no definite period and may, regardless of the payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____

Date _____

The civil rights act of 1964 prohibits discrimination in employment due to race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. If this prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.