



# Angela House

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Foreign Language Skills: \_\_\_\_\_ Other Specialized Skills: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ : \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ : \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ : \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*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 in my application or interview may result in my release.*

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

Background Questionnaire

1) Has a civil law suit or a criminal complaint ever been filed against you alleging physical or sexual abuse?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including date, nature, place and resolution of incident.

---

---

2) Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including date, nature, place, and resolution of allegations as well as your employer at the time. \_\_\_\_\_

---

3) Have you ever received any medical treatment or counseling involving physical or sexual abuse?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including date(s), nature and location, identifying the treating physician with name, address, and phone number. \_\_\_\_\_

---

4) Have you ever had your driving privileges suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_ If yes, give details \_\_\_\_\_

5) Do you currently abuse alcohol or drugs?

Yes \_\_\_\_ No \_\_\_\_ If yes, give details \_\_\_\_\_

6) Have you ever been treated for alcohol or drug abuse?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including date(s), nature and location, identifying the treating physician with name, address, and phone number. \_\_\_\_\_

---

I agree that in signing this Application:

- a) Angela House may contact all persons and organizations named by me in the Application for the purpose of verifying the information that I have set forth above and otherwise determining my suitability for employment by Angela House. All such persons and organizations are hereby authorized to disclose to Angela House all information regarding me in their possessions. I hereby agree to hold harmless all such persons and organizations with respect to furnishing any information about me to Angela House, and I further agree to hold harmless Angela House, its Board of Directors, officers, employees and agents with respect of soliciting such information and any use they may make thereof.
  
- b) I affirm that the information I have set forth above is true, complete and correct.

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

\_\_\_\_\_  
Date