



APPLICATION FOR EMPLOYMENT

Position applied for _____ **Date of Application** _____

PERSONAL (Please print clearly)

First / Last Name	Social Security #
Address	Home Phone #
City, State, Zip	Business Phone #
E-Mail Address	FAX #

REFERRAL SOURCE (Please check **X** and fill the appropriate source)

<input type="checkbox"/> Walk-in:	<input type="checkbox"/> Job Fair:
<input type="checkbox"/> DCARA website	<input type="checkbox"/> Agency:
<input type="checkbox"/> DCARA Mailing:	<input type="checkbox"/> Employee:
<input type="checkbox"/> Internet:	<input type="checkbox"/> Other:

When will you be available to begin work?	Salary Range Expected:
Have you ever applied for employment with us before?	Are you legally eligible for employment in the United States? (Please circle) <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

EDUCATION

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree Diploma
High School					
College					
Other special training or skills (languages, computer, interpreter, etc?)					

EMPLOYMENT HISTORY

Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____ Full-Time hours _____ Part-Time hours _____
Name of Supervisor	Hourly Pay \$ _____ or Annual Salary \$ _____ Start \$ _____ Last \$ _____
State Job Title and Describe your work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____ Full-Time hours _____ Part-Time hours _____
Name of Supervisor	Hourly Pay \$ _____ or Annual Salary \$ _____ Start \$ _____ Last \$ _____
State Job Title and Describe your work	Reason for Leaving
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State Job Title and Describe your work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____ Full-Time hours _____ Part-Time hours _____
Name of Supervisor	Hourly Pay \$ _____ or Annual Salary \$ _____ Start \$ _____ Last \$ _____
State Job Title and Describe your work	Reason for Leaving

May we contact the employers listed?

If not, indicate which one(s) you do not wish us to contact



Release of information Waiver

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to check my references through professional/personal interviews. This may include information as to my work history, character, general reputation and other relevant information. I understand I have the right to make a written request within a reasonable period to receive information about the nature and scope of any such investigation.

Signature:

Date: