



The community's gathering place

Application for Employment

A Drug Free Work Place

The Center is Equal Opportunity Employer

Name: (Last, First, Middle) _____

Date: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Telephone: _____

Business Telephone: _____

Position(s) applied for: _____

Are you willing to work: (circle all that apply)

Full time

Part time

Evenings

Saturday

Have you ever applied for employment with us? _____ Yes _____ No _____

If Yes: Month/Year _____

Are you legally authorized to work in the United States: _____ Yes _____ No _____

When could you start employment? _____

Employment History

Company Name	Telephone
Address	Employed (Month & Year) From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
Job Title & Description of Work	Reason for Leaving
May we contact your Supervisor?	Telephone #

Company Name	Telephone
Address	Employed (Month & Year) From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____

