

NEW BEGINNINGS FOR WOMEN & CHILDREN

General Employment Application

Date: _____

Name: _____
 First Last Middle

Social Security Number: _____

Address: _____ Telephone: _____
 Number Street City State Zip Code Home Work

Title Of Position Applied for: _____

Are you a US Citizen? Yes No If no, enter Alien Work Permit (Green Card) # _____

Have you served on active duty in the military service? No Yes If yes, indicate below, but exclude tours of active duty for training as a reservist or guardsman.

Branch of Service	Serial Numbers	Date of Entry	Date of Discharge
Type of Discharge		Rank and Service Specialty	

Are you fluent in any languages other than English? If yes, what languages?

_____ Speak Read Write
 _____ Speak Read Write

_____ Speak Read Write
 _____ Speak Read Write

Indicate valid licenses and certificates you hold				Some positions require working rotating shifts/days. Indicate what you would accept: <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Rotating Days <input type="checkbox"/> Weekends <input type="checkbox"/> Any <input type="checkbox"/> None of the Above
Type of license or Registration	Issuing State	Registration Number	Expiration Date	
				Have you ever been convicted of any offense other than a minor traffic violation? (Conviction of a crime is not necessarily a bar to employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____ _____ _____ _____
Indicate memberships in professional organizations _____ _____ _____				

Do you possess a valid Driver's license? _ No _ Yes

Issuing State _____

Expiration Date _____

Do you possess a valid Chauffeur's license? _ No _ Yes

Issuing State _____

Expiration Date _____

Education

When claiming college, business, or vocational school credit in order to meet minimum qualifications, you may be required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay or even disqualify you from consideration for appointment. All papers submitted become the property of the New Beginnings for Women & Children.

Do you have a high school diploma? __ No, indicate highest grade completed: _____

__ Yes, Indicate School name, location and date of graduation:

School: _____ Location: _____ Date of Graduation: _____

Do you have a GED certificate? __ No __ Yes, indicate date awarded: _____

List schools attended after high school and any special training you may have received:

Colleges/Universities Name and Location	From Month/Year	To Month/Year	Field of Study or Title of Special Courses	Hours Completed Sem/Qtr	Certificate Or Degree Awarded
			Major: Minor:		
			Major: Minor:		
			Major: Minor:		
Business or Trade Schools	From Month/Year	To Month/Year	Subjects	Number of Hours Per Week	Completed Yes No
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

**ARE YOU 18
YEARS OR OLDER**

Have you ever been convicted of a Felony? __ No __ Yes If, yes give details including date and nature of felony:

In case of an emergency notify: _____

Name

Address: _____

Number

Street

City

State

Zip Code

Telephone Number

List the positions that you have held , starting with your most recent one. If more than one position has been held with the same employer, list each separately. Describe each different assignment in the military service. Under “duties” describe your job in sufficient detail so that we can determine not only your tasks but the level of responsibility. If you have had more than four (4) work experiences or wish to add more detail to the “duties” section complete a separate sheet in the same format and attach.

Volunteer experience will be evaluated only if proper documentation accompanies application. Proper documentation consists of a letter from each employer giving a brief description of duties performed as well as an amount of time worked per month.

This section must be completed in detail. The use of reference to a resume is not acceptable. You may attach a resume in addition if you wish.

Current or Most Recent Position Held:

Employer:	Address:	From: _____ (Month) (Year) To: _____ (Month) (Year) Total Time: _____ (Years) (Months) Hrs/Week: _____ (If varied-indicate average) Beginning Salary:\$ _____ Ending Salary:\$ _____
Your Title:	Supervisor’s Name and Telephone Number:	
Duties (be specific)		
May we contact this employer? ____ Yes ____ No		Reason for Leaving Employer/Position:

Current or Most Recent Position Held:

Employer:	Address:	From: _____ (Month) (Year) To: _____ (Month) (Year) Total Time: _____ (Years) (Months) Hrs/Week: _____ (If varied-indicate average) Beginning Salary:\$ _____ Ending Salary:\$ _____
Your Title:	Supervisor’s Name and Telephone Number:	
Duties (be specific)		
May we contact this employer? ____ Yes ____ No		Reason for Leaving Employer/Position:

Current or Most Recent Position Held:

From: _____ (Month) (Year) To: _____ (Month) (Year)
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Employer:	Address:
Your Title:	Supervisor's Name and Telephone Number:
Duties (be specific)	
May we contact this employer? ___ Yes ___ No	Reason for Leaving Employer/Position:

Current or Most Recent Position Held:

Employer:	Address:	From: _____ (Month) (Year)
Your Title:	Supervisor's Name and Telephone Number:	To: _____ (Month) (Year)
Duties (be specific)		Total Time: _____ (Years) (Months)
		Hrs/Week: _____ (If varied-indicate average)
		Beginning Salary: \$ _____
		Ending Salary: \$ _____
May we contact this employer? ___ Yes ___ No		Reason for Leaving Employer/Position:

May we contact the employer(s) listed above? ___ Yes ___ No If no, indicate which one(s) not to contact: _____

I do hereby certify that information contained in this application is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation*, my application will be rejected. I may be dismissed from New Beginnings for Women & Children employment and disqualified from future New Beginnings for Women & Children employment. I authorize the New Beginnings for Women & Children Personnel Department to make all necessary investigations to verify the information contained in this application.

Signature _____

Date _____

*includes but not limited to falsification or omission

THANK YOU FOR YOUR INTREST IN NEW BEGINNINGS FOR WOMEN & CHILDREN

References: Give below the names of three persons not related to you, whom you have known at least one year

Name	Address	Business	Telephone
1			
2			
3			

THIS INFORMATION IS VOLUNTARY AND CONFIDENTIAL

TO ALL APPLICANTS:

Various departments of the federal government require most employers to record and maintain applicant information regarding sex, age, ethnic background and handicap status. It is most important that you complete this card. This card will not affect your rating.

A TODOS LOS SOLICITANTES:

Varios departamentos del gobierno federal requieren que los empleadores registren y conserven informacion del solicitante concerniente a sexo, edad, descedencia, e incapacidad fisica. Es muy importante llenar esta tarjeta por completo. Llenar esta tarjeta no afectara su clasificacion.

Position(s) Applied for:	Confidential Affirmative Action Requirement			Date
Name: Last First Middle		City State Zip		
Social Security Number:	Circle one: Male Female	Date of Birth	Handicap (if claimed)	
Circle one				
Ethnic Identification: Caucasian African American/Black Hispanic/Latino				
Asian/ Pacific Islands Native American Other				
U.S. Military Service Yes No	Vietnam Era (8/5/64-5/7/75)	Other	Honorable Dishonorable Other	
Referred to By: Self Friend Relative Newspaper (which one)				
Radio Personnel Flyer Other				

NEW BEGINNINGS FOR WOMEN & CHILDREN IS AN EQUAL OPPORTUNITY EMPLOYER