Seniors Inc. Employment Application

rev. 10/2007

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other legally protected status.

Personal Information (please print)

Date: _____ Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____ Phone #: ( ) -

Cell ( ) -

E-mail Address: _____ Phone #: ( ) -

Position Information (please print)

Position Applying For: _____ Position Number: _____

Have you ever worked for this organization? Yes No If Yes, date(s)/position: _____

Reason(s) for leaving: _____

Have you previously applied for a job at Seniors Inc.? Yes No If yes, date(s)/position: _____

Education Information (please print) list most recent first

School/Institution (Include Secondary Education)	Major or Area of Study	Degree Obtained or Number of Years Attended

Achievements/Special Skills (please print) (Include computer/software experience)

Employment History (please print) List most recent first

Employer: _____ Phone # ( ) -

Address: _____ Last Salary: _____

Supervisor: _____ Dates Employed (mo/yr to mo/yr): _____ - _____

Responsibilities: _____

Reason for Leaving: _____

References who worked with you at this company:

Employer: _____ Phone # ( ) -

Address: _____ Last Salary: _____

Supervisor: _____ Dates Employed (mo/yr to mo/yr): _____ - _____

Responsibilities: _____

Reason for Leaving: _____

References who worked with you at this company:

Employer: _____ Phone # ( ) -

Address: _____ Last Salary: _____

Supervisor: _____ Dates Employed (mo/yr to mo/yr): _____ - _____

Responsibilities: _____

Reason for Leaving: _____

References who worked with you at this company:

Employer: _____ Phone # ( ) -

Address: _____ Last Salary: _____

Supervisor: _____ Dates Employed (mo/yr to mo/yr): _____ - _____

Responsibilities: _____

Reason for Leaving: _____

References who worked with you at this company:

References (please print) Include one close family member

Name	Address & Relationship to Applicant	Phone #	Years Known
		( ) -	
Name	Address & Relationship to Applicant	Phone #	Years Known
		( ) -	

Emergency Contacts (please print)

Name & Relationship to you: _____ Phone # ( ) -
Address: _____

Name & Relationship to you: _____ Phone # ( ) -
Address: _____

Other Information (please print)

Name of friends and/or relatives employed by this organization: _____

List any foreign languages you can speak, read and/or write: _____

May we contact your present employer? Yes No

On what date are you available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of or plead guilty to a felony ? Yes No If Yes, please explain: _____

Have you ever been convicted of a crime?
Yes No If Yes, please explain: _____

Acknowledgement (please read carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company, as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

_____ _____
Applicant's Signature (original signature required) Today's Date

Print Form