



## Application for Employment

### Personal Information (Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Msg Phone: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  Yes  No

If No, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question). \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No (Proof of identity and eligibility will be required upon the offer of employment.)

Are you over the age of 18 years?  Yes  No (If No, you may be required to provide authorization to work.)

Have you ever worked for this Company before?  Yes  No If yes, where? \_\_\_\_\_

when? (dates): \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company?  Yes  No If yes, who and where do they work?

Have you ever done any volunteer work?  Yes  No If yes, please describe: (omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities) \_\_\_\_\_

### Availability (Please Print)

Are you available to work:  Days  Nights  Weekends  Full Time If unable to work full time, please explain:

Days and hours available: (If employed, notification must be provided in writing should availability change.)

\_\_\_\_\_  
Monday

\_\_\_\_\_  
Tuesday

\_\_\_\_\_  
Wednesday

\_\_\_\_\_  
Thursday

\_\_\_\_\_  
Friday

\_\_\_\_\_  
Saturday

\_\_\_\_\_  
Sunday

Are you currently employed:  Yes  No If yes, may we contact your employer?  Yes  No

If currently employed, why are you considering leaving? \_\_\_\_\_  
\_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?  Yes  No If yes, please explain and list any offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities) \_\_\_\_\_  
\_\_\_\_\_

Please account for any full month, since leaving school (high school or college) that you were not employed:

Month & Year \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

Month & Year \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

Month & Year \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

### Education (Please Print)

	Name/Location of School	Course of Study	No. of Years Completed	Diploma/Degree Received
High School				
College				
Vocational/Trade				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please list any academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) \_\_\_\_\_  
\_\_\_\_\_

### Employment History (Please Print)

Please begin with your most recent or current position.

1. Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

**Professional References (Please Print)**

Please give two references (not relative or personal acquaintances).

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Equal Opportunity**

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from Supportive Services, Inc. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Printed Name: \_\_\_\_\_

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

**Completed applications may be emailed to: [info@ssifresno.org](mailto:info@ssifresno.org)**