Pee Dee Healthy Start, Inc.

Employment Application

(Please Print or Write Legibly)

Applicant Information			
Full Name:			
Address:	City:	State:	Zip:
Phone:	Mobile/Other:	Email:	
Date Available to Start:	Social Security Number:	Desired Salary:	
Have you ever worked for this organization? ☐ Yes ☐ No	If yes, when?		
Are you a citizen, permanent resident, or foreign national of the Unites States? ☐ Yes ☐ No			
If not, are you legally allowed to work in the United States: ☐ Yes ☐ No			
Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary			
Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ Yes ☐ No			
If yes, give dates and details: ****Answering yes to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.****			

Education		
High School:		City/State:
Did you graduate? ☐ Yes ☐ No	Year Graduated:	Degree Earned:
College:		City/State:
Year Graduated:		Degree Earned:
College:		City/State:
Year Graduated:		Degree Earned:

Vocational School/Specialized Training and Professional License			
School:	City/State:	Year Graduated:	Degree or Certification:

Employment History (begin with most recent position)

(1) Dates of Employment: From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____		Position(s) Held:	
Company Name:		Address:	
City:	State:	Zip:	Phone:
Supervisor:	Title:		Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact the employer for a reference? ☐ Yes ☐ No			
(2) Dates of Employment: From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____		Position(s) Held:	
Company Name:		Address:	
City:	State:	Zip:	Phone:
Supervisor:	Title:		Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact the employer for a reference? ☐ Yes ☐ No			
(3) Dates of Employment: From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____		Position(s) Held:	
Company Name:		Address:	
City:	State:	Zip:	Phone:
Supervisor:	Title:		Ending Salary:
Responsibilities:			
Reason for leaving:			
May we contact the employer for a reference? ☐ Yes ☐ No			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employments, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ **Date:** _____