



## Employment Application Form

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Where did you hear about this position?: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applying for: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Have you worked for The Ponds before?  Yes  No If so, when? \_\_\_\_\_

Employment Sought:  40-30 hours/week  less than 30 hours/week

Days/hours available to work: \_\_\_\_\_ No Preference \_\_\_\_\_ Mon \_\_\_\_\_ Tues

\_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Sun

Date you can begin: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

If a student, school ending date: \_\_\_\_\_ Fall starting date: \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Location \_\_\_\_\_ Graduate?  Yes  
 No

College \_\_\_\_\_ Location \_\_\_\_\_ Graduate?  Yes  
 No

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE?**  Yes  No

Driver's License Number: \_\_\_\_\_ Expiration Date:

\_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No If so, how many?

\_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No If so, how many?

\_\_\_\_\_

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

**EMPLOYMENT HISTORY** - list most recent first

Company Name: \_\_\_\_\_ Supervisor:

\_\_\_\_\_

Title/Job Description:

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Dates of Employment

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor:

\_\_\_\_\_

Title/Job Description:

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Dates of Employment

\_\_\_\_\_

Reason for Leaving

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Company Name: \_\_\_\_\_ Supervisor:

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Title/Job Description:

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Telephone No: \_\_\_\_\_ Dates of Employment

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Reason for Leaving

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**REFERENCES** - list three individuals (not related to you) who are familiar with your work-related skills.

Name: \_\_\_\_\_ Title:

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Years Acquainted:

\_\_\_\_\_

Name: \_\_\_\_\_ Title:

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Years Acquainted:

\_\_\_\_\_

Name: \_\_\_\_\_ Title:

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Years Acquainted:

\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING**

Do you have reliable transportation?  Yes  No

What are your personal commitments for this upcoming summer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY THE SECTION BELOW BEFORE SIGNING**

I certify that I have completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise.

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

\_\_\_\_\_