**APPLICATION FOR EMPLOYMENT A LENDING HAND INC.**

**(**PLEASE PRINT IN INK)

We will not, directly or through contractual arrangements, discriminate on the basis of race, color or national origin in our admission or provision of services and benefits, including assignments or transfers or referrals to or from the department. Staff privileges are granted without regard to race, color or national origin.

|  |
| --- |
| **PERSONAL** |
| Position applied for | Status F/T Part time | Salary desired | Date available to work if an offer is extended |
|  Last Name First Name Middle Initial | Social Security Number |
| Number & Street Address City State & Zip Code | Home Telephone Number | Alternate Telephone Number |
| Name of Next of Kin | Address | Home Telephone Number | Alternate Telephone Number |
| Are you a U.S. Citizen or authorized to work in the U.S.? | Are past educational, employment or other professional records in a different name? If so, what name? (needed only if pertains to past employment and license verification) |
| **EDUCATION** |
|  | Name of School | City & State | Highest YearCompleted | Grad Date | Degree |  |
| High School |  |  |  |  |  |  |
| College / Univ. |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| **EMPLOYMENT HISTORY List chronologically starting with current or most recent employer** |
| Employer NameAddressTelephone | PositionDuties | Dates Mo / Yr From - To | Supervisor | Reason for Leaving | May we contact? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **PROFESSIONAL REGISTRATION(S) OR LICENSE(S) HELD IF APPLICABLE** |
| Registration or License | Number | State |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **ADDITIONAL INFORMATION TO DESCRIBE QUALIFICATIONS & SPECIALTY AREAS ( optional )** |
|  |

|  |
| --- |
| **OTHER LANGUAGE** |
| Language | Read | Write | Speak |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PROFESSIONAL OR OTHER MEMBERSHIPS, OFFICES HELD*****You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or other protected status*** |
|  |
|  |

|  |
| --- |
| **PERSONAL REFERENCES** |
| NAME | PROFESSION / POSITION | TELEPHONE |
|  |  |  |
|  |  |  |

*I certify that the facts documented by me on this application are true and complete to the best of my knowledge.* I understand and authorize that the information that I provided on this application be verified, which may include contacting my references and former employers. In addition, I will be asked to sign a separate release that allows the agency to obtain this information. I authorize the agency to investigate educational credentials and criminal background screening; I understand that employment shall be conditional upon satisfactory results of these investigations, possible drug testing and that any false, misleading or incomplete statements, omissions or misrepresentations made by me on this application shall be sufficient grounds for not hiring me or for immediate dismissal, if I am employed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*SIGNATURE OF APPLICANT DATE*