



APPLICATION FOR EMPLOYMENT

An equal opportunity employer.

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security card)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (if different)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CELL PHONE	EMAIL		

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHICH DAYS/HOURS CAN YOU WORK: <input type="checkbox"/> Tuesdays from _____ to _____ <input type="checkbox"/> Fridays from _____ to _____	<input type="checkbox"/> Sundays from _____ to _____ <input type="checkbox"/> Wednesdays from _____ to _____ <input type="checkbox"/> Mondays from _____ to _____ <input type="checkbox"/> Thursdays from _____ to _____ <input type="checkbox"/> Saturdays from _____ to _____
IF HIRED: Can you present evidence of your legal right to work in the U.S.? Would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Ad for job opening <input type="checkbox"/> Walk in <input type="checkbox"/> Person (Name) _____	

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE / UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL / BUSINESS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY
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ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – *Read and initial each paragraph, then sign below:*

_____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give Pilgrimage of the Heart, Inc. any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application and release all such parties from the liability for any damage that may result from furnishing such information. I authorize Pilgrimage of the Heart, Inc. to request and receive such information.

_____ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with Pilgrimage of the Heart, Inc. it will be on an “at-will” basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the “at-will” nature of my employment with Pilgrimage of the Heart, Inc. is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

_____ **SEARCH OF PUBLIC RECORDS:** Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

SIGNATURE

DATE