



Homer Senior Citizens, Inc.
Employment Application
 An Equal Opportunity Employer

Position Applying for: _____ Social Security Number: _____

Name: _____ Home Phone: _____
 (Last (First) (Middle)

Cell Phone: _____

Residence Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Are you related to anyone employed at HSC? If so, please disclose. _____

Are you at least 18 years of age? Yes No Do you have a legal right to accept employment in the United States? Yes No
 Criminal Convictions – Have you ever been convicted of any violation of the law, other than minor traffic violations? (A
 DUI/DWI must be listed) If yes, provide the nature of convictions(s), date(s), and sentence.

Do you have a current Driver's License? Yes No
 License Number _____ Expiration Date _____ State _____
 If CDL, indicate level _____ List CDL Endorsements _____

Education

Do you have a High School Diploma or GED Certificate? Yes No Date Received _____
 Name of High School Attended _____ City/State _____

College, University or Graduate School

Name and Location of School	Dates Attended	Total Credit Hours		Major/Minor or Subjects Taken	Degree and Year Received
		Semester	Quarter		
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

Technical or Vocation Schools

Name and Location of School	Dates Attended	Course Hours	Course Study	Degree Received	Year Received
	To:				
	From:				
	To:				

List Current Professional Licenses, Certificates, and/or Registrations	Date Obtained:

Employment History

Describe all work history beginning with your current or most recent job. Include volunteer and military experience, including military rank. Use additional pages if necessary. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position upon discover.

Job Title		Duties/Responsibilities
Name and Address of Employer:		
Employment Dates		
To:	From:	
Hours Per Week	Ending Pay	
Name of Supervisor		
Supervisors Phone Number		
Reason For Leaving		

Job Title		Duties/Responsibilities
Name and Address of Employer:		
Employment Dates		
To:	From:	
Hours Per Week	Ending Pay	
Name of Supervisor		
Supervisors Phone Number		
Reason For Leaving		

Job Title		Duties/Responsibilities
Name and Address of Employer:		
Employment Dates		
To:	From:	
Hours Per Week	Ending Pay	
Name of Supervisor		
Supervisors Phone Number		
Reason For Leaving		

Employment History (Continued)

Job Title	Duties/Responsibilities
Name and Address of Employer:	
Employment Dates	
To:	From:
Hours Per Week	Ending Pay
Name of Supervisor	
Supervisors Phone Number	
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Employment History (Continued)

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List any types of software and programs you have used.

List any other special qualifications, skills and/or abilities.

List Name, Occupation and Phone Number of Three Professional References.

Name	Occupation	Phone Number
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Applicant Authorization and Certification – **I AUTHORIZE** Homer Senior Citizens, Inc. (HSC) to obtain information relating to the facts provided in this application from schools, employers, criminal justice agencies, individuals, etc. This information may include, but is not limited to academic, performance, attendance, achievement, personal history, disciplinary, arrest and conviction records. **I DIRECT** you to release such information to the HSC regardless of any agreement I may have with you previously to the contrary. **I RELEASE** any employer, including individuals such as record custodians, from any and all liability for damages of whatever kind of nature which may at any time result on account or compliance, or any attempts to comply with this authorization.

I CERTIFY that the statements contained herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading, false, or incorrect information may result in rejection of my application, disqualification from consideration, may render an appointment void and/or may be cause for my dismissal upon discovery.

I AGREE to submit to background check, pre-employment drug screening, physical and/or mental examinations as HSC may require.

Signature

Date