

Metropolitan Community Services

EMPLOYMENT APPLICATION

It is the policy of Metropolitan Community Services (hereinafter "MCS") to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		
STREET ADDRESS			APT. #	CITY	STATE	ZIP CODE
PHONE		SECONDARY PHONE		SOCIAL SECURITY		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		
ARE YOU AT LEAST 16 YEARS OF AGE?		ARE YOU LEGALLY ENTITLED TO WORK IN THE US?		EMAIL		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

SCHOOL	YEARS ATTENDED	CITY/STATE	DATE GRADUATED

EMPLOYMENT HISTORY

	EMPLOYER 1	EMPLOYER 2	EMPLOYER 3
Name of the Employer			
Phone #			
Position/Title			
Salary			
Reason for Leaving			
Dates of Employment			
Supervisor's Name			

EMPLOYMENT DESIRED

POSITION APPLYING FOR	DATE AVAILABLE TO START	DAYS AND HOURS AVAILABLE TO WORK		SCHEDULING RESTRICTIONS
<input type="checkbox"/> PCA		Mon		
<input type="checkbox"/> HMK		Tue		
<input type="checkbox"/> QP		Wed		
<input type="checkbox"/> Navigator		Thu		
<input type="checkbox"/> Administrative		Fri		
<input type="checkbox"/> Disability Advocate		Sat		
<input type="checkbox"/> Other		Sun		

REFERENCES

Give below the names of the three work related references.

REFERENCE #1	REFERENCE #2	REFERENCE #3
Name		
Phone #		
Company & Title		
City/State		
Can we contact this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSES AND CERTIFICATIONS

LICENSE/CERTIFICATION #	STATE ISSUED	TYPE	DATE EXPIRES	STATUS
				<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Restricted <div style="display: inline-block; vertical-align: top; width: 50px;"> <input type="checkbox"/> Conditional <input type="checkbox"/> Revoked <input type="checkbox"/> Pending </div>
				<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Restricted <div style="display: inline-block; vertical-align: top; width: 50px;"> <input type="checkbox"/> Conditional <input type="checkbox"/> Revoked <input type="checkbox"/> Pending </div>
				<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Restricted <div style="display: inline-block; vertical-align: top; width: 50px;"> <input type="checkbox"/> Conditional <input type="checkbox"/> Revoked <input type="checkbox"/> Pending </div>

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in my rejection or dismissal. I hereby release from all liability or responsibility all employers, schools or persons supplying information.

If you are employed by MCS, your employment will be at-will, meaning that either you or MCS may terminate your employment for any reason not prohibited by law.

Applicant's Signature:		Date:	
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