



P.O. BOX 407  
ERIE, PA 16512-0407

Phone: 814-452-4421 Fax: 814-455-8825

## Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age? Circle one: Yes No Birthdate: \_\_\_\_\_

Can you prove you're a U.S. Citizen? Circle one Yes No

If not a U. S. Citizen, Visa No. and Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Position You Are Applying For \_\_\_\_\_

Title: \_\_\_\_\_ Salary Requirements \_\_\_\_\_

Referred By: \_\_\_\_\_ Date You Can Start \_\_\_\_/\_\_\_\_/\_\_\_\_

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High School ( Name, City, State ) \_\_\_\_\_

Graduation Date \_\_\_\_\_

Business or Technical School ( Name, City, State ) \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Undergraduate College (Name, City, State ) \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Graduate School ( Name, City, State ) \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Subject \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Have you ever been convicted of a crime? Circle One:      YES              NO

If YES, please explain below or on an attached separate sheet of paper.

Note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.

Employment History – Most Recent First

Employer\_\_\_\_\_ Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_

Managers Names:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_

Zip Code:\_\_\_\_\_ Phone:\_\_\_\_\_ Ending Salary:\_\_\_\_\_

Titles/Duties \_\_\_\_\_

Reason For Leaving:\_\_\_\_\_

\_\_\_\_\_

Employer\_\_\_\_\_ Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_

Managers Name:\_\_\_\_\_

Address: \_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone:\_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/ Duties \_\_\_\_\_

reason for Leaving:\_\_\_\_\_



### Business References

Name\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ - \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Name\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ - \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Name\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ - \_\_\_\_\_

Relationship to You: \_\_\_\_\_



PLEASE READ AND SIGN

I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wage and salary be terminated at any time without any previous notice.

The Erie City Mission is committed to the policy that all persons shall have equal access to programs, facilities, services, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by Mission policy or by state or federal authorities. The Erie City Mission does not discriminate against any person because of age, ancestry, color, disability, or handicap, national origin, race, creed, sex, sexual orientation, or veteran status.

Applicants Signature\_\_\_\_\_

Date\_\_\_\_\_