



"Baruch Senior Ministries seeks to honor God by serving people as they age"

PERSONAL INFORMATION

DATE: _____
PHONE
NUMBER: _____
EMAIL: _____

NAME

 LAST FIRST MIDDLE

CURRENT ADDRESS

 STREET CITY STATE ZIP

PREVIOUS ADDRESS

 STREET CITY STATE ZIP

ARE YOU AT LEAST 18 YEARS OLD? YES NO

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES YES NO

EMPLOYMENT DESIRED

POSITION SHIFT DESIRED DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School / GED				
College				
Trade, Business or Correspondence School				

GENERAL

SUBJECTS OF SPECIAL STUDY: _____

SPECIAL SKILLS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (A conviction will not necessarily result in the denial of employment)

YES NO IF YES, PLEASE DESCRIBE:

Horizontal lines for providing a response to the conviction question.

FORMER EMPLOYERS (LIST BELOW YOUR THREE PREVIOUS EMPLOYERS, STARTING WITH THE MOST RECENT.)

Table with 6 columns: DATE MONTH AND YEAR, COMPANY NAME, ADDRESS AND SUPERVISOR, PHONE #, SALARY, POSITION, SPECIFIC REASON FOR LEAVING. Includes FROM and TO rows for each of the three entries.

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

Horizontal lines for providing answers to the preference questions.

PROFESSIONAL REFERENCES: PROVIDE 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

Table with 5 columns: NAME, EMAIL, PHONE #, YEARS KNOWN, RELATIONSHIP. Three empty rows for providing references.

IN CASE OF EMERGENCY NOTIFY:

Table with 4 columns: NAME, ADDRESS, PHONE #, RELATIONSHIP. One empty row for emergency contact information.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS BOARD OF DIRECTORS, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE BOARD OF DIRECTORS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE