



# Employment Application

Programs, services and employment are equally available to everyone. Please inform the Meals on Wheels office if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Applicant Data

How were you referred to us:

Position Applied for:

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile/Pager/Other: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? Yes No If no, Please explain:

\_\_\_\_\_   \_\_\_\_\_

Have you ever worked for this company? Yes No If  yes,  when? \_\_\_\_\_

Are you legally allowed to  work in the  United  States? Yes  No \_\_\_\_\_

Type of employment desired: Full-Time Part-Time Temporary Seasonal \_\_\_\_\_

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

\_\_\_\_\_  
\_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number \_\_\_\_\_ State: \_\_\_\_\_

## Education History

Name & Location of High School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Name & Location of College: \_\_\_\_\_ Years attended: \_\_\_\_\_

Degrees completed: \_\_\_\_\_ Other Subjects Studied: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_ Years attended: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

## Summarize Your Special Skills or Qualifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment (begin with most recent position)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employee for a reference?  Yes  No

.....  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employee for a reference?  Yes  No

.....  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employee for a reference?  Yes  No

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"I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_