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| Barbara Olson Center of HopeEmployment Application3206 N. Central AvenueRockford, Il 61101(815) 964-9275 Fax (815)964-9607 www.b-olsoncenterofhope.org  |  |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  |  |  |  |
| Position Applied for |  |
| What shift are you looking for? | Full Time [ ]  | Part time [ ]  | On Call [ ]  | Referred by? |  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
|  |  |  |  |  |
|  |
| Education |
| High School |  | Address |  |
|  |  |  |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
|  |  |  |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
|  |  |  |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |

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| Previous Employment |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
| **SPECIAL SKILLS AND QUALIFICATIONS:**Summarize any special skills or qualifications that are relevant to the position applying for. |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for 180 days.If this application leads to employment, I understand that false or misleading information in my application or interview may result in the immediate separation of my employment. |
| Signature |  | Date |  |