

Employment Application

Samaritan House is an equal opportunity employer.



GENERAL INFORMATION

Name: _____ Position Applied For: _____

Address: _____
Street City State Zip

Home Phone: _____ Business or Other Phone: _____

Salary Requirement: _____ Position Type: Part-Time Full-Time

How were you referred to Samaritan House? Name of referral source: _____

Are you at least 18 years of age? Yes No

Have you ever been employed by Samaritan House? Yes No If yes, please indicate dates: _____

Have you ever been convicted of a felony? Yes No CALIFORNIA APPLICATIONS ONLY: Applicants may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

Can you, after employment, provide proof of your legal right to work in the U.S.? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No If no, describe the functions that cannot be performed:

EDUCATIONAL BACKGROUND – Please do not write “SEE RESUME” on this application

TYPE OF SCHOOL	NAME AND ADDRESS	GRADUATED Yes/No	COURSE OF STUDY	DEGREE RECEIVED
High School				
College				
Post Graduate				
Business or Trade				
Other				

List four professional references who have knowledge of your experience and qualifications for the position for which you are applying. Do not use relatives or personal references.

NAME	POSITION (i.e. direct manager, colleague, client)	NUMBER OF YEARS KNOWN	TELEPHONE NUMBER
1.			
2.			
3.			
4.			

Name of present or last employer:		Type of business:	
Dates of employment:	Your job title:	Starting salary:	Final or present salary:
From: To:		\$ per	\$ per
Employer’s address:		Employer’s telephone:	
Name and title of your immediate supervisor:			
Reason for leaving:			
Description of your duties and responsibilities:			

Name of present or last employer:		Type of business:	
Dates of employment:	Your job title:	Starting salary:	Final or present salary:
From: To:		\$ per	\$ per
Employer’s address:		Employer’s telephone:	
Name and title of your immediate supervisor:			
Reason for leaving:			
Description of your duties and responsibilities:			

Name of present or last employer:		Type of business:	
Dates of employment:	Your job title:	Starting salary:	Final or present salary:
From: To:		\$ per	\$ per
Employer’s address:		Employer’s telephone:	
Name and title of your immediate supervisor:			
Reason for leaving:			
Description of your duties and responsibilities:			

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact:

APPLICANT’S STATEMENT

I hereby affirm that the information provided on this Employment Application (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and agree to cooperate in any investigation of my past employment, education and financial history and background, and release from liability all persons or entities requesting or supplying such information.

I understand that should I accept an offer of employment, that either the Company or I can terminate my employment at any time for any reason, that I am not being employed for any specified duration and that this Employment Application does not constitute a contract of employment.

I understand and acknowledge that, aside from this employment-at-will relationship, no one other than the President/CEO has the authority to enter into any other employment contract between me and the Company, and that any such contract must be in writing and executed by me and such officer on behalf of the Company.

Applicant Signature: _____

Date: _____

I understand that should I accept an offer of employment, I may be required, as a condition of employment, to execute a confidential information/non-solicitation agreement, in which event I agree to be bound by the terms of such agreement(s).

I understand that this application applies only to the position sought at present and that ABC is not obligated to retain or consider this application for future openings. I also understand that this application will only be considered active for 30 days.

I understand that any offer of employment is contingent upon my producing documentation to verify my identity and my legal authorization to work in the United States, as required by federal law.

I understand that the completion of this application does not establish any obligation upon the Company to hire me.