



JOB APPLICATION

NOTICE: Northeast Community Center is an Equal Opportunity Employer. Please notify a staff member if you need any accommodation or assistance with any part of the application process.

Specific Position Applied for: _____ Today's Date: _____

APPLICANT: In order to be considered for employment, this application must be completed entirely. Please remember to print clearly and to read and sign the last page.

FULL NAME _____		HOME PHONE _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) _____	CITY _____	STATE _____	ZIP CODE _____
DAYTIME OR MESSAGE PHONE _____		SOCIAL SECURITY NUMBER _____	

Why are you interested in this particular job? _____

What skills and training qualify you for this position?

What portions of your work experience qualify you for this job? _____

EMPLOYMENT HISTORY

Complete this section entirely. Do not substitute a resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, attach additional pages.

Present or Last Position

EMPLOYEEER	FROM (MONTH)	(YEAR)
ADDRESS	TO (MONTH)	(YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES / RESPONSIBILITIES (BE SPECIFIC):	HRS/ WEEK (IF VARIED, INDICATE AVE.)	
	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	
	_____ PER HOUR	
	_____ PER MONTH	
	_____ PER YEAR	
REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:	LAST YEARLY SALARY: _____	
	MAY WE CONTACT THIS EMPLOYER?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEEER	FROM (MONTH)	(YEAR)
ADDRESS	TO (MONTH)	(YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES / RESPONSIBILITIES (BE SPECIFIC):	HRS/ WEEK (IF VARIED, INDICATE AVE.)	
	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	
	_____ PER HOUR	
	_____ PER MONTH	
	_____ PER YEAR	
REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:	LAST YEARLY SALARY: _____	
	MAY WE CONTACT THIS EMPLOYER?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE	FROM (MONTH)	(YEAR)
ADDRESS	TO (MONTH)	(YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES / RESPONSIBILITIES (BE SPECIFIC):	HRS/ WEEK (IF VARIED, INDICATE AVE.)	
	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	
	_____	PER HOUR
	_____	PER MONTH
	_____	PER YEAR
REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:	LAST YEARLY SALARY: _____	
	MAY WE CONTACT THIS EMPLOYER?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

List all other positions you have held in the past ten years, beyond the three most recent. Attach additional sheets if necessary.

EMPLOYER	ADDRESS
YOUR TITLE	YOUR SALARY
DATES OF EMPLOYMENT	REASON FOR LEAVING
EMPLOYER	ADDRESS
YOUR TITLE	YOUR SALARY
DATES OF EMPLOYMENT	REASON FOR LEAVING
EMPLOYER	ADDRESS
YOUR TITLE	YOUR SALARY
DATES OF EMPLOYMENT	REASON FOR LEAVING
EMPLOYER	ADDRESS
YOUR TITLE	YOUR SALARY
DATES OF EMPLOYMENT	REASON FOR LEAVING

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE _____ YRS. GRAD. SCH. _____ YRS.

NAME OF SCHOOL LOCATION DIPLOMA / DEGREE MAJOR

HIGH SCHOOL _____

COLLEGE OR UNIVERSITY _____

GRADUATE SCHOOL _____

VOCATIONAL OR TRAINING _____

ADDITIONAL INFORMATION

PROFESSIONAL MEMBERSHIPS AND AFFILIATES _____

PROFESSIONAL AND TRADE LICENSES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

The Northeast Community Center is an equal opportunity employer and does not discriminate on the basis of gender, age, race and color, religion, marital status, sexual orientation, marital status, national origin, disability or veteran status. (_____ initial here)

We give interviews on a competitive basis, using job-related factors, after receiving and reviewing a written application. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (_____ initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to my actual employment with the Northeast Community Center. In addition, I agree to make available, for the Center's review, my original social security card for the purpose of assuring correct reporting of wages to the Social Security Administration. (_____ initial here)

I consent to drug tests as may be requested by representatives of the Northeast Community Center. (_____ initial here)

I voluntarily authorize the Northeast Community Center to conduct a background record check for employment purposes in connection with my application and hire for employment with NECC. I specifically authorize the Northeast Community Center to obtain consumer reports from consumer reporting agencies including, but not limited to, Criminal Info Services, Inc. (CIS) for employment purposes. I understand that I have rights under FCRA as indicated by the Fair Credit Reporting Act Disclosure Notice I will receive if offered employment with the Northeast Community Center. (_____ initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to the Northeast Community Center, will result in immediate termination of employment. (_____ initial here)

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the Northeast Community Center's representatives any and all information regarding me and my previous employee. I release the Northeast Community Center, and all previous employers and supervisors, from liability for any damages that may result from furnishing information to the Northeast Community Center. (_____ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of the Northeast Community Center. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the Center or myself. (_____ initial here)

SIGNED

DATE