

**PARAMOUNT COMMUNITY DEVELOPMENT FAMILY LIFE CENTER
CORPORATION(PCDFLCC)
(PARAMOUNT CHILD DEVELOPMENT CENTER - PCDC)
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:				
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend Inquiry _____ <input type="checkbox"/> Employment <input type="checkbox"/> Relative Other _____					
Last Name:	First Name:	Middle Name:			
Address:	Number:	Street:	City:	State:	Zip Code:
Telephone Number(s):	Social Security Number:	Date of Birth:			

Best time to Contact you at home is: _____ Must be 18 Years of Age:
Have you ever filed an application with us before? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, give date _____
Have you ever been employed with us before? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, give date _____
Are you currently employed? <input type="checkbox"/>Yes <input type="checkbox"/>No
May we contact your present employer? <input type="checkbox"/>Yes <input type="checkbox"/>No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i> <input type="checkbox"/>Yes <input type="checkbox"/>No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For: _____

Applicant Full Name: _____

WORK EXPERIENCE

Start with your present or current job. Include any job-related, military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	<u>Dates Employed</u> From / To	Work Performed
Address:		
Telephone Number		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	<u>Dates Employed</u> From / To	Work Performed
Address:		
Telephone Number		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	<u>Dates Employed</u> From / To	Work Performed
Address:		
Telephone Number		
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanations of any gaps in employment.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For: _____

Applicant Full Name: _____

Date Available for Work: ____/____/____ What is your Desired Salary Range? _____
<input type="checkbox"/> Full Time (Please indicate? 1st 2nd 3rd Shift)
<input type="checkbox"/> Part Time (Please indicate: Morning Afternoon Evening)
<input type="checkbox"/> Temporary (Please indicate dates Available ____/____/ - ____/____)

EDUCATION:				
	Address	From/To	Did You Graduate	Diploma
High School			Yes __ / No __	Yes __ / No __
College			Yes __ / No __	Yes __ / No __
Graduate			Yes __ / No __	Yes __ / No __
OTHER: (Specify)				

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

FOR AGENCY USE ONLY

DOE: _____

SALARY: _____

TOUR OF DUTY: _____

DOB: _____