



Application for Employment

PERSONAL

Name _____	Social Security Number _____
Present Address _____	Phone _____
Date of Birth _____	Country of Citizenship _____
Position Desired _____	Pay Expected _____
Full-time? _____	Part-time? _____
When can you begin? _____	
Are you seeking long-term or short-term employment? _____	
Are you legally eligible for employment in the United States? _____	
Special training or skills? _____	

Level of typing skill? _____	
How did you learn about Emmaus? _____	

EDUCATION

	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?	DEGREE?
High School					
College					
Vocational/ Technical					
Graduate					

EMPLOYMENT

Please list below all present and past employment, beginning with your most recent.

Name of Company _____ Phone _____
Address _____ Supervisor _____
Employed from: _____ to: _____ Weekly Pay: Start \$ _____ Finish \$ _____
Job Title and Type of Work _____
Reason for Leaving _____

• • •

Name of Company _____ Phone _____
Address _____ Supervisor _____
Employed from: _____ to: _____ Weekly Pay: Start \$ _____ Finish \$ _____
Job Title and Type of Work _____
Reason for Leaving _____

• • •

Name of Company _____ Phone _____
Address _____ Supervisor _____
Employed from: _____ to: _____ Weekly Pay: Start \$ _____ Finish \$ _____
Job Title and Type of Work _____
Reason for Leaving _____

• • •

Name of Company _____ Phone _____
Address _____ Supervisor _____
Employed from: _____ to: _____ Weekly Pay: Start \$ _____ Finish \$ _____
Job Title and Type of Work _____
Reason for Leaving _____

Date we may write to your present employer: _____

Please use the space below to give any further information which you feel might be helpful in making decisions about your employment and proper placement. _____

PERSONAL REFERENCES

(not relatives or former employers)

NAME & ADDRESS	NATURE AND LENGTH OF ACQUAINTANCE	PHONE NUMBER
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY RECORD

(Complete this section only if you have served in the U.S. Armed Forces)

Dates of Duty: From _____ To _____ Branch of Service _____
Date of Discharge _____
List duties including special training _____

Have you taken schooling under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

HEALTH

How many days of work were lost during the last two years? _____
Have you any physical limitations which may preclude you from performing the essential functions of the job for which you are applying? _____ If yes, please describe limitations _____

SPIRITUAL HEALTH

What local church do you now attend? _____

Location? _____ How long have you been in fellowship? _____

Please state when and how you came to know the Lord _____

• • •

I hereby certify that the information provided by me in this application is true to the best of my knowledge. I understand that if employed any false statements or omissions of fact on this application shall be sufficient cause for dismissal.

Date

Signature