

JOB APPLICATION FORM

Parents Alliance Employment Project

PERSONAL INFORMATION		
FIRST NAME	LAST NAME	PHONE NUMBER
ADDRESS (CITY, STATE, ZIP)		
EMAIL	SOCIAL SECURITY NUMBER	

HOW WERE YOU REFERRED TO PAEP?

EMPLOYMENT DESIRED		
POSITION DESIRED	DATE AVAILABLE TO START	SALARY DESIRED
EMPLOYMENT DESIRED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship/Practicum		

EDUCATION				
DEGREE/COURSE	UNIVERSITY / INSTITUTE	YEAR OF GRADUATION	GPA	CITY

May we contact your employer(s)? Yes No

PREVIOUS EMPLOYMENT			
EMPLOYER	POSITION	STARTING PAY	ENDING PAY
DATES EMPLOYED		SUPERVISOR/TITLE	
ADDRESS (CITY, STATE, ZIP)			
REASON FOR LEAVING			

PREVIOUS EMPLOYMENT			
EMPLOYER	POSITION	STARTING PAY	ENDING PAY
DATES EMPLOYED		SUPERVISOR/TITLE	
ADDRESS (CITY, STATE, ZIP)			
REASON FOR LEAVING			

PREVIOUS EMPLOYMENT			
EMPLOYER	POSITION	STARTING PAY	ENDING PAY
DATES EMPLOYED		SUPERVISOR/TITLE	
ADDRESS (CITY, STATE, ZIP)			
REASON FOR LEAVING			

PREVIOUS EMPLOYMENT			
EMPLOYER	POSITION	STARTING PAY	ENDING PAY
DATES EMPLOYED		SUPERVISOR/TITLE	
ADDRESS (CITY, STATE, ZIP)			
REASON FOR LEAVING			

Have you ever been convicted of a felony?

No

If yes, please explain:

Are you legally eligible to be employed in the United States?

Yes

No

APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that, while I am employed, false statements on this application could lead to disciplinary action including dismissal. Parents Alliance Employment Project is hereby authorized to investigate any of the facts set forth in this application.

I hereby authorize the investigation of my past and present work, character, education, military and police conviction records to ascertain any and all information, which may be pertinent to my employment qualifications.

I understand that Parents Alliance Employment Project practices the policy of "employment at-will" and that voluntary or involuntary termination may occur at any time, with or without cause.

Signature of Application

Date