## Application for Employment



•	Applicant Information First Name:					
	Middle Name:					
	Last Name:					
	Permanent Address:					
	City:					
	State:					
	Zip Code:	Email Address:				
	Position applying for:					
	How were you referred to this company?  Agency Walk-in Friend/Relative Website School Other					
	Employment Desired: Full-Time Part-Time Ter	mporary/Summer				
	Are you available to work weeke	nds?	Yes	No 🔲		
	Are you 18 years of age or older?	•	Yes 🗌	No 🔲		
	Are you authorized to work in th	e United States?	Yes	No 🗌		
	Have you ever applied at this co	mpany before?	Yes If yes	No		
	Have you ever worked at this co	mpany before?	Yes If yes	No		
	Do you have a valid driver's licer	nse? (Driving Jobs Only)	Yes 🗌	No 🗌		
	Class of License					
	Have you ever been convicted	of a felony?	Yes 🗌	No 🗌		
	If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)					

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• Education	1				
School	Name and Location	Number of Years Attended	Diploma or Degr	ee Received	
High School or GED					
College					
Graduate					
Vocational/ Technical					
	List any relevant academic hone tes, publication, licenses or any	The state of the s			
Course/Seminar	Organization	Cor	ntent	Date(s) Attended	
		<u> </u>			
		_  		_  <u> </u>	
		<u> </u>			
Employm	ent History				
ist your work exp	erience for the past three years I	peginning with your mos	t recent job held.		
lame of Comp	pany:	F	rom:	To:	
ddress:					
ity:	State: _		Zip Code:		
imployer's Ph	one Number:	Posit	ion Title:		
Supervisor's N	ame:				
Describe Dutie	es/Responsabilities:				
eason for leav	/ing:	May we cont	act this employe	r? Yes No	

Name of Company:		From:	T	o:
Address:				
City:			ode:	
Employer's Phone Number: _		Position T	itle:	
Supervisor's Name:				
Describe Duties/Responsabili	ties:			
Reason for leaving:		May we contact th	nis employer	? Yes No
Name of Company:Address:			т	o:
City:			ode:	
Employer's Phone Number: _		Position T	itle:	
Supervisor's Name:				
Describe Duties/Responsabili	ties:			
Reason for leaving:		_ May we contact th	nis employer <sup>•</sup>	? Yes No
<b>Business References</b>				
Name/Busin	ess Relationship	)	Phone	e Number
Military Service				
Branch of Service:	Date E	Entered:	Date Discha	rged:
Nature of duties, special skills,	training, etc.			

## • Please Read Carefully Before Signing This Form

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/hired.

I authorize this company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.

Regardless of whether or not I become selected/hired by this company, I recognize that this application is not and should not be considered a contract of employment for any definite period of time. If employed, I understand that I have been hired "at-will" of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Signature of Applicant:	Date:
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This company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regards to race, color, religion, sex, age, disability or any other protected categories. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



## LATIN AMERICAN COMMUNITY CENTER

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