

Application for Employment



360 E. Marietta - Decatur, IL 62521

EMPOWERMENT OPPORTUNITY CENTER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.

- Answer all questions completely. Please print. -

Date of Application: _____

Position Applied For: _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Are you known to schools/references by another name? Yes No

If yes, by what name(s)?

Have you filed an application or been employed here before? Yes No Date(s) _____

Are you available to work? Full-Time Part-Time

Do any of your friends or relatives work for Empowerment Opportunity Center? Yes No

If yes, list their name(s)

In case of emergency, please notify:

Name Address Phone Number

Name Address Phone Number

“AN EQUAL OPPORTUNITY EMPLOYER”

02/2021

(Please Print)

Do you have a valid Driver's License? Yes No
(Only if required in Job Description)

Do you have an automobile at your disposal? Yes No
(Only if required in Job Description)

Can you supply proof of Vehicle Insurance? Yes No

Can you travel if a job requires it? Yes No

Do you have a disability or medical condition that limits your job performance? Yes No

If yes, please explain

Are you a veteran? Yes No

List trade or professional organizations of which you are a member, including offices held:

Give name, address and phone number of three references not related to you:

Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

| | | | |
|--------------------|-------|----|----------------|
| 1.) Employer | Dates | | Work Performed |
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |
| 2.) Employer | Dates | | Work Performed |
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |
| 3.) Employer | Dates | | Work Performed |
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |
| 4.) Employer | Dates | | Work Performed |
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience

Education

| | Elementary | High School | College/University | Graduate/ Professional |
|---|------------|-------------|--------------------|---------------------------|
| School Name | | | | |
| Years Completed (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course of Study: | | | | |
| Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Agency.

Signature of Applicant

Date

| For Personnel Department Use Only | | | | |
|-----------------------------------|-------|----|--------------------------|--|
| Arrange Interview | Yes | No | Date _____ | |
| Remarks | _____ | | | |
| Employed | Yes | No | Date of Employment _____ | |
| Job Title: | _____ | | Hourly Rate: _____ | |
| Department: | _____ | | | |