



"Baruch Senior Ministries seeks to honor God by serving people as they age."

DATE: _____
PHONE: _____
EMAIL: _____

PERSONAL INFORMATION

NAME _____

LAST FIRST MIDDLE

CURRENT ADDRESS

STREET CITY STATE ZIP

PREVIOUS ADDRESS

STREET CITY STATE ZIP

ARE YOU AT LEAST 18 YEARS OLD? YES NO

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION: DESIRED SHIFT: DATE YOU CAN START: DESIRED SALARY:

ARE YOU EMPLOYED NOW? IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School/GED				
College				
Trade, Business, or Correspondence School				

GENERAL

SUBJECTS OF SPECIAL STUDY:

SPECIAL SKILLS:

CONTINUED ON NEXT PAGE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (A conviction will not necessarily result in denial of employment)

YES NO IF YES, PLEASE DESCRIBE:

FORMER EMPLOYERS (LIST BELOW YOUR PREVIOUS EMPLOYERS, STARTING WITH THE MOST RECENT.)

DATE MONTH/YEAR	COMPANY NAME, ADDRESS, AND SUPERVISOR	PHONE #	SALARY	POSITION	SPECIFIC REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

PROFFESIONAL REFERENCES: PROVIDE 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST 1 YEAR.

NAME	EMAIL	PHONE #	YEARS KNOWN	RELATIONSHIP

**IN CASE OF
EMERGENCT NOTIFY:**

NAME	ADDRESS	PHONE	RELATIONSHIP

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR MY COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS BOARD OF DIRECTORS, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE BOARD OF DIRECTORS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

It has also been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.