



# EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

## PERSONAL

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Position applied for: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ May we call your present employer to verify work status?

YES  NO

If no please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Transportation: Do you have a valid Driver's License?  Yes  No

As a recipient of Federal Financial assistance, Dalasi's House does not exclude, deny benefit to or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Dalasi's House directly or through a contractor or any other entity with which Dalasi's House arranges to carry out its programs and activities.

\_\_\_\_\_

Have you ever used another name for work, School or other business purpose. If so, Identify all names and dates used.	Are you 16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify all languages in which you are proficient. English : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write Spanish : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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Have you ever (Check all that apply) <input type="checkbox"/> Pled guilty or <input type="checkbox"/> Nolo Contendere (no contest), or <input type="checkbox"/> been convicted for any crime (felonies and misdemeanors), excluding any parking tickets? If Yes, provide complete information on all misdemeanors and felonies (other than parking tickets), including the date, location, criminal offense and disposition.
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Have you ever had a nursing, trade, or other professional license which is issued by any governmental authority or professional organization denied, limited, suspended, revoked or voluntarily relinquished? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been reprimanded, sanctioned, disciplined or otherwise cited for misconduct by any governmental authority professional or trade organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had any malpractice claims, suits, and settlement or arbitration proceedings involving your professional practice? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## EDUCATION

SCHOOL	NAME & CITY	YEARS ATTENDED	GRADUATED	DEGREE AWARDED



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<b>Vocational/Technical</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College/University</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Post Graduate</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Education:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### PROFESSIONAL LICENSING and/or CERTIFICATION

Type/Number	Organization or State Issued	Initial License Issue Date	Expiration Date

### PROFESSIONAL REFERENCES (List the names of two professional references: No relatives or former employers.)

Name	Address	Telephone Number

**Have you ever been terminated from employment or asked to resign by any employer?**    Yes    No

**If yes, provide complete information on employer, location, date and circumstances:**


**Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills, which would assist us in placing you.**



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### WORK HISTORY

Name: _____	Phone: _____
Address: _____	
Job Title: _____	Salary: _____
Your work name if different: _____	
Dates Worked: From: _____	To: _____ Hrs/Wk: _____
Supervisor: _____	Shift: _____
Duties: _____	
Reason for Leaving: _____	

Name: _____	Phone: _____
Address: _____	
Job Title: _____	Salary: _____
Your work name if different: _____	
Dates Worked: From: _____	To: _____ Hrs/Wk: _____
Supervisor: _____	Shift: _____
Duties: _____	
Reason for Leaving: _____	

Name: _____	Phone: _____
Address: _____	
Job Title: _____	Salary: _____
Your work name if different: _____	



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Dates Worked: From: _____	To: _____	Hrs/Wk: _____
Supervisor: _____		Shift: _____
Duties: _____		
Reason for Leaving: _____		

**The following section must be completed if you are applying for a position, which requires the operation of a motor vehicle owned or leased by the company or you are required to use your own vehicle.**

Drivers License No.	State	Expiration Date
<b>Has your driver's license ever been denied, limited, suspended and/or revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, provide complete information on dates, action, governmental authority and current license status.)</small>		

Accident Record (List all accidents in which you were involved as a driver during the preceding 3 years)			
Date	Nature	Number of Fatalities	Persons Injured

### ACKNOWLEDGMENT (Please read carefully and sign.)

By signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, correct, and complete. I also understand that false, misleading, incomplete, or omitted information on this application or during any interview for employment, will be cause for immediate dismissal from employment, if hired.

I authorize Dalasi's House, and its agents, to use any information in this application to verify the information contained herein, and I authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Dalasi's House. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment, Dalasi's House



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may conduct a criminal background investigation and that my employment with Dalasi's House is contingent on the results of such investigation. I release Dalasi's House, its agents, and all affiliated entities, as well as any person or institution that provides Dalasi's House with any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Dalasi's House, I agree to abide by all Dalasi's House Policies and Procedures, which I understand are subject to change by Dalasi's House at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and will be employed for no definite period of time. I understand that either Dalasi's House or I can terminate my employment without cause but advance notice at any time. I further understand that no communication, whether orally or written, by any representative of Dalasi's House at any time, can constitute a contract of employment.

In addition, I understand that Dalasi's House and all compensation and benefit plan administrators have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise administer, interpret or change all policies, procedures, benefits or other terms and conditions of employment.

I understand, that Dalasi's House does not provide auto insurance coverage for me and that I am not to transport clients in my automobile; nor am I to drive clients in the client's automobile.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

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Applicant Signature

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Date