

**Center For Work Life**

**Part-Time/Internship Employment Application**

**Applicant Information**

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number and street \_\_\_\_\_ City

\_\_\_\_\_ State & Zip

\_\_\_\_\_

How were you referred to Center For Work  
Life?: \_\_\_\_\_

**Positions**

Position(s) applying for: \_\_\_\_\_

**Are you applying for:**

Temporary part-time work – such as summer or holiday work? [ ] Y  
or [ ] N

Regular part-time work? [ ] Y or [ ] N

What days and hours are you available for  
work? \_\_\_\_\_

If applying for temporary work, when will you be available?  
\_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

**Personal Information:**

Have you ever applied to / worked for Center For Work Life before? [ ] Y or [ ] N

If yes, please explain (include date): \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? If under 18, do you have working papers? [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.*

**Education, Training and Experience**

**High School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_ School address: \_\_\_\_\_ School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or N [ ]  
Degree / diploma earned: \_\_\_\_\_

**Vocational School:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state,  
zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or N [ ]  
Degree / diploma earned: \_\_\_\_\_

**Additional Information**

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [ ] Y or [ ] N

If yes, please explain

\_\_\_\_\_

**Employment History**

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer?  
[ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

1. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: [ \_\_\_\_\_ ]

Address: \_\_\_\_\_ City, state,

zip: \_\_\_\_\_

Length of Employment (Include Dates):

\_\_\_\_\_ Position &

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving:

\_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

2. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_ City, state,

zip: \_\_\_\_\_

Length of Employment (Include Dates):

\_\_\_\_\_ Position &

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving:

\_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

3. Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_ City, state,  
zip: \_\_\_\_\_

Length of Employment (Include Dates):

\_\_\_\_\_ Position &

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving:

\_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

### References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last:

\_\_\_\_\_ Telephone

Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state,

zip: \_\_\_\_\_ Occupation:

\_\_\_\_\_ Number of Years

Acquainted: \_\_\_\_\_

Name - First, Last:

\_\_\_\_\_ Telephone

Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state,

zip: \_\_\_\_\_ Occupation:

\_\_\_\_\_ Number of Years

Acquainted: \_\_\_\_\_

Name - First, Last:

\_\_\_\_\_ Telephone

Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state,

zip: \_\_\_\_\_ Occupation:

\_\_\_\_\_ Number of Years

Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this Center For Work Life, terms for my immediate expulsion from the Center For Work Life.

\_\_\_\_\_ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the Center For Work Life. \_\_\_\_\_

I permit the Center For Work Life to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Center For Work Life, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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