



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **POSITION of Interest:** _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

Attendance Dates **FROM:** _____ **TO:** _____

GRADUATED? YES NO **DIPLOMA:** _____

COLLEGE/University: _____ **CITY / STATE:** _____

Attendance Dates **FROM:** _____ **TO:** _____

GRADUATED? YES NO **DEGREE:** _____

Trade School/Other Certification: _____ **CITY / STATE:** _____

Attendance Dates **FROM:** _____ **TO:** _____

GRADUATED? YES NO **DEGREE/Certificate:** _____



Trade School/Other Certification: _____ CITY / STATE: _____

Attendance Dates FROM: _____ TO: _____

GRADUATED? YES NO DEGREE/Certificate: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Do you grant your permission for us to contact this employer? YES NO

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Do you grant your permission for us to contact this employer? YES NO



EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Do you grant your permission for us to contact this employer? YES NO

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

Service Dates FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____



BACKGROUND CHECK CONSENT

Due to the nature of our work with a very vulnerable population, we are required to complete background checks on our employees, according to the Department of Human Services.

Do you CONSENT TO A BACKGROUND CHECK? YES NO

Release for Reference and Criminal Background Check

The following information is used solely for obtaining criminal background information as required by law.

Full Name: _____ Other Names Used: _____
Current Address: _____ City: _____ State: _____
Zip Code: _____ Phone Number: _____
Social Security Number: _____ Date of Birth: _____
Driver License Number: _____ State of Issue: _____ Expiration: _____
Last State of Residence: _____ Previous State of Residence: _____

I represent myself as the person above and have applied for a position with Upward Bound Camp. For the purpose of considering my application I do hereby authorize Upward Bound Camp to complete a background check.

I release Upward Bound camp to obtain information regarding my previous employment, education, skills, abilities, criminal history and driving record.

I hereby release any individual, firm, partnership, corporation, public officer, public or private entity from any liability in providing such information as described above to UPWARD BOUND CAMP.

Signature of Applicant: _____ Date: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

