



# Benedict Center

Compassion • Justice • Action • Transformation

## Benedict Center

### APPLICATION FOR EMPLOYMENT

Benedict Center is an Equal Opportunity employer. Our policy is to abide by all federal, state and local laws prohibiting discrimination in employment because of race, color, sex, religion, national origin, age, disability, veteran status, citizenship status or other prohibited reasons. This application for employment addresses items your resume may not; therefore, all individuals are required to complete it thoroughly and accurately.

#### Personal Information

<b>Name</b>	<b>Email Address</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Home Phone Number</b>	<b>Work Phone Number</b> <i>May we contact you at work?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Employment Information

<b>Position Applying For:</b>	<b>Date Available:</b>
<b>How did you hear of this position?</b>	<b>If referred by current employee, who referred you?</b>
<b>Have you ever applied /worked for this company in the past?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____	<b>Salary Desired:</b>

#### Education

School	Name/Location	# of Yrs Attended	Did you Graduate?	Degree
High School				
College				
Trade School				
Graduate School				

**Employment History** (Begin with your most recent employer. If lapses occurred between periods of employment, please specify in the space provided following this section.)

Employer _____	Employment Dates _____ to _____
Address _____	Starting Salary _____ Ending Salary _____
Telephone _____	Reason for leaving _____

Position _____ Supervisor _____	_____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____	Employment Dates _____ to _____ Starting Salary _____ Ending Salary _____ Reason for leaving _____ _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____	Employment Dates _____ to _____ Starting Salary _____ Ending Salary _____ Reason for leaving _____ _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Lapses in employment:** \_\_\_\_\_

**Emergency Contacts**

Name	Phone Number	Relationship

**Please read and initial the following statements:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. \_\_\_\_\_

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. \_\_\_\_\_

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. \_\_\_\_\_

I have read the position job description and am physically willing and able to complete the essential functions of the job.  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_