

AMITY JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.

| | | | | | | | |
|---|-----|---|-----|--|-----|----------------------------|-----|
| Name and Name (First, MI, Last) | | | | Address Social Security Number | | | |
| Mailing Address | | | | | | | |
| City, State, and Zip Code | | | | | | | |
| Telephone | | | | Alternate Phone | | | |
| If under 18, please list age Job Days/hours available | | | | Email Type to work | | | |
| I have no preference. | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| I am seeking a: | | Full-time job | | Part-time job | | Full- or Part -time | |
| How many hours can you Have you ever been employed | | work weekly? Additional by this organization in the | | Can you work nights? Information past? | | Date available to begin | |
| | | | | | | Yes | No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | | | | | | Yes | No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? | | | | | | Yes | No |
| If Yes, please explain: | | | | | | | |
| Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Driver's license number | | Issued in what state? | |
| Have you had any accidents during the past three years? | | | | | | How many? | |
| Have you had any moving violations during the past three years? | | | | | | How many? | |

| School High School | Education Location (mailing address) | Years Completed | Major | Degree or Diploma |
|---|---|--------------------|----------------|----------------------|
| | | | | |
| | | | | |
| College or Business/Trade | School | | | |
| | | | | |
| | | | | |
| Have you even been in the | Armed Forces? | | Date entered | |
| | | Military Yes | No | |
| Are you now a member of the National Guard? | Yes | No | Discharge date | |
| Specialty | | | | |

| Work Experience | | |
|--|-------------------------|----------|
| Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary. | | |
| Company | Name of last supervisor | Hrs/week |
| | | |

| | | |
|--|-------------------------|-----------------|
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |
| Reason for leaving (be specific) | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |
| Reason for leaving (be specific) | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|--|-----------------|
| Work Experience Company | (continued) Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |
| Reason for leaving (be specific) | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| References | | |
| Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers. | | |
| | | |
| | | |
| | | |
| | | |
| I certify that all answers and statements in this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. | | |
| Signature | | Date |