



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please print)

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
	<b>Social Security Number</b>	<b>Telephone Number</b>	

The best time to contact you at home is:.....:.....

If you are less than 18 years of age, can you provide required proof of your eligibility to work? ..... 1 Yes 1 No

Have you ever filed an application with us before?..... 1 Yes 1 No If yes, give date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us before?..... 1 Yes 1 No If yes, give dates: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do any of your friends or relatives work here?..... 1 Yes 1 No If yes, state name and relationship: \_\_\_\_\_

Are you currently employed?..... 1 Yes 1 No May we contact your present employer?..... 1 Yes 1 No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon your employment. 1 Yes

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

1 Full Time (please circle shift available) 1 First 1 Second 1 Third

1 Part Time (please circle shift available) 1 First 1 Second 1 Third

1 Temporary - Dates available: \_\_\_\_\_

Are you currently on "lay off" status and subject to recall? ..... 1 Yes 1 No

Can you travel if the job requires it?..... 1 Yes 1 No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# Education

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


# Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.  
 You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			



# Work Experience

<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed:</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				

<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed:</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				

If you need additional space, please continue on a separate sheet of paper.

Are there any listed employers we cannot contact? \_\_\_\_\_ If yes, indicate who: \_\_\_\_\_

**List professional, trade, business or civic activities and offices held.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

## Additional Information

**Other Qualifications**  
 Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

**SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____
WPM _____	WPM _____	_____

Comments" Include explanation for gaps in employment.

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_



SANTA MARIA HOSTEL, INC.

**References**

1,-	_____	(_____) _____
	(Name)	Phone #
	_____	
	(Address)	
2,-	_____	(_____) _____
	(Name)	Phone #
	_____	
	(Address)	
3,-	_____	(_____) _____
	(Name)	Phone #
	_____	
	(Address)	

I certify that answers give herein are true and complete.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this tie period should inquire as to whether or not applications are being accepted at that time.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Sign \_\_\_\_\_ Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:    1 Yes    1 No

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

Date \_\_\_\_\_

Arrange Interview:    1 Yes    1 No

Remarks \_\_\_\_\_

Interviewer Date \_\_\_\_\_

Employed    1 Yes    1 No                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_    Hourely Rate/Salary \_\_\_\_\_    Department \_\_\_\_\_

By \_\_\_\_\_                      \_\_\_\_\_

NAME AND TITLE                      DATE