



The Aliveness Project

Application for Employment

GENERAL INFORMATION:

Date: _____

1. Position for which you are applying: _____
2. Indicate source from which you learned of this position. _____
3. Your Name: _____
4. Soc. Sec. Number ____ - ____ - ____
5. Address _____

6. Telephone: Home: (____) ____ - ____ Work: (____) ____ - ____
7. E-mail address: _____
8. Are you currently legally authorized to work in the USA? YES ____ NO ____
9. Have you ever applied to work here, or been employed here before? YES ____ NO ____
10. If yes, state when you were employed. From _____ to _____
11. On what date would you be available for work? _____

12. EDUCATION: *Please complete educational information related to the position for which you are applying.*

Level	Name of School	Address	Did you graduate?	Degree
High School				
Trade or Technical				
College				
Post-Graduate				

13. List any special skills you may have: _____

14. What office machines/computer skills do you operate/possess?



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15. EMPLOYMENT HISTORY:

In the space below, please print your employment history beginning with your present employer and list all positions held, including military, part-time, summer and any periods of unemployment. AN EXPLANATION OF ANY PERIODS OF UNEMPLOYMENT MUST BE INCLUDED. If more space is required, please attach an additional sheet using the same format.

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____



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16. REFERENCES:

List three persons not related to you who have not been listed in the Employment History section who can comment on your education and/or work experience.

FULL NAME	ADDRESS	OCCUPATION	TELEPHONE
			Work: Home:
			Work: Home:
			Work: Home:

17. OTHER DATA:

Please indicate the minimum pay you would accept \$ _____

Have you ever been bonded? YES ___ NO ___ Have you ever been denied bond? YES ___ NO ___

Have you ever been convicted of a felony? YES ___ NO ___

Note: Conviction will not necessarily disqualify you from employment. We consider the date of the offense and its relationship to the job for which you are applying when making our hiring decision.

18. ADDITIONAL COMMENTS:

Write in the left column the question number to which additional information and comments apply:

QUESTION NUMBER SUPPORTING COMMENTS

AGREEMENT

The Aliveness Project provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, disability, or any other basis protected by state or federal law. This policy of equal opportunities also applies to other terms and conditions of employment. This includes, but is not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

"I agree, if employed, to observe the rules and ethical standards of The Aliveness Project and its Bylaws to perform satisfactorily whatever duties may be assigned to me. I understand that final acceptance and continuance of my employment are dependant upon acceptable replies from references and other background checks that may be required."

"By my signature below, I confirm that I have not withheld any information requested and that the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts on this application is sufficient cause for dismissal. I also authorize The Aliveness Project to verify statements made on this application by investigation as deemed advisable."

"I understand that nothing contained in this employment application or in The Aliveness Project's Human Resources Policies or in the granting of an interview is intended to create an employment contract between The Aliveness Project and myself either for employment or for providing benefits. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate employment at any time and The Aliveness Project retains a similar right."

"Company policies and rules are subject to change at any time, at the Company's sole discretion."

SIGNATURE OF APPLICANT: _____ **DATE:** _____

This application will become inactive ninety (90) days after the date of receipt.