

EMPLOYMENT APPLICATION



THE MIDNIGHT MISSION

Various federal, state, and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability, or marital status. The Midnight Mission is an equal opportunity employer and your response to any question will not be used as a basis for discrimination; rather, it will be judged on its relevance to the position you are seeking.

Date: _____

PERSONAL INFORMATION

Name		Mission ID#	
Social Security Number	State ID / Driver's License #	Other ID	
Address		City	State Zip
Telephone ()		E-Mail Address	
Emergency Contact Name		Emergency Contact Phone ()	
Position Applying For: _____			
Have you been employed by the Midnight Mission previously? _____ Yes _____ No When? _____			
If Yes, what was your reason for leaving? _____			

EDUCATION

TYPE	NAME AND LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NUMBER OF YEARS COMPLETED	GRADUATED? (CIRCLE ONE)
HIGH SCHOOL	Name			Yes
	Address			No
	City State Zip			
COLLEGE	Name			Yes
	Address			No
	City State Zip			
TECHNICAL	Name			Yes
	Address			No
	City State Zip			
OTHER	Name			Yes
	Address			No
	City State Zip			

MILITARY SERVICE

BRANCH OF SERVICE	DATES OF SERVICE	RANK ATTAINED	TRAINING/EXPERIENCE RECEIVED	DISCHARGE TYPE

SPECIAL SKILLS

TYPING SPEED _____ wpm	PC SOFTWARE/COMPUTER EQUIPMENT	OTHE SKILLS, MEMBERSHIPS, HOBBIES, ETC.
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LEGAL

Can you provide written evidence of authorization to work in the U.S.? _____ Yes _____ No	
Were you ever discharged by any company? _____ Yes _____ No	
If Yes, please give name of company(ies) and reason for discharge: _____	
Have you ever been convicted of any crime (non-Traffic)? _____ Yes _____ No	
If Yes, please explain offense and final disposition: _____	

EMPLOYMENT HISTORY (start with most recent) - attach additional pages if necessary; Please do not substitute a resume.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	MAJOR DUTIES	SALARY/ WAGE	REASON FOR LEAVING
From: _____ mo / yr	Name _____ Address _____ City _____ State _____	Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo / yr	Phone _____ May we contact (circle)? () Yes / No				
From: _____ mo / yr	Name _____ Address _____ City _____ State _____	Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo / yr	Phone _____ May we contact (circle)? () Yes / No				
From: _____ mo / yr	Name _____ Address _____ City _____ State _____	Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo / yr	Phone _____ May we contact (circle)? () Yes / No				
From: _____ mo / yr	Name _____ Address _____ City _____ State _____	Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo / yr	Phone _____ May we contact (circle)? () Yes / No				

REFERENCES (do not include relatives)

NAME	OCCUPATION	ADDRESS	PHONE	YRS KNOWN
			()	
			()	
			()	

APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT

I understand and agree that The Midnight Mission follows an "employment at will" policy, in that I or The Midnight Mission may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Administrative Officer of The Midnight Mission. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. All applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, age, marital status, national origin, physical or mental handicap.

I accept and acknowledge that the information requested on this application will be used to determine the best possible placement--based on skills, aptitude and experience--within the Mission. The Midnight Mission provides a DRUG FREE WORKPLACE. As such YOU MAY BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS A PART OF YOUR INITIAL APPLICATION PROCESS AND RANDOM DRUG SCREENS AS A PART OF YOUR EMPLOYMENT--subject to applicable state and federal laws. All applicants are subject to a background check to verify all statements on this application. All portions of this application must be completed in full. As a condition of employment and in accordance with Midnight Mission Policy, I understand that I will be expected to sign an arbitration agreement that--in the event of any dispute arising out of my employment--would submit that dispute to binding arbitration.

I understand and consent to all conditions as outlined above, and certify that all statements herein are true. I further understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: _____

Date Signed: _____

For Case Management Use Only

This Applicant Has No Restrictions Preventing Him/Her from Applying for This Position	Case Manager Signature _____	Date _____
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Initialed By: _____		For Human Resources Use Only:		Salaried Exempt	Rate of Pay:
Applicant Hired:	YES NO	EMPLOYMENT CATEGORY:	Participant Outside	LABOR STATUS: Salaried Non-Exempt	\$ _____
				Hourly	Per: _____