



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Professional References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

*I represent that the answers and information given by me in this application are true and complete. I authorize*

*the Armory Youth Project to verify the information I have provided and to make any investigation of my background deemed necessary at any time. I also authorize third parties (such as former employers, law enforcement organization, financial institution, educational institution, etc.) contacted by the Armory Youth Project to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information my result in refusal to hire or dismissal once the facts become known.*

*This application for employment shall be considered active for a period of time not to exceed 60 days. However, if hired, any time after filing this application, I agree that these provisions shall constitute terms and conditions of my employment and that I shall be subject to the same.*

*I consent to all legally permissible medical examinations and drug and alcohol testing required by the Armory Youth Project.*

*I understand and agree that employment with the Armory Youth Project is "at will" and that either the Armory Youth Project or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written have been made to me to the contrary and that any pre-existing understanding or agreement which contradict an at will status of employment are void. Further, I understand that only the Board Chair of the Armory Youth Project has any authority to enter into any agreement for employment for any fixed period of time or to make any agreement contrary to my at will status, and that any such agreement must expressly state such purpose and must be in writing and signed by the Board Chair of the Armory Youth Project following the date of this application in order to be valid.*

*In consideration of my employment, I agree to confirm to the rules and policies of the Armory Youth Project. I agree not to begin any action or suit relating directly or indirectly to employment with the Armory Youth Project or the termination of such employment more than (9) nine months after the date of the employment action that is subject of such action or suit. **I waive any statute of limitation to the contrary.***

***I have read and understand the foregoing:***

*My signature below indicates that I have read and understood the above paragraphs.*

Signature:

Date:

\_\_\_\_\_