



# GENERAL APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION:

Position Desired: \_\_\_\_\_  
(Required Information)

- Full Time     Part time, \_\_\_\_\_ hrs/wk  
 On-call  
 Temporary from \_\_\_\_\_ to \_\_\_\_\_

Program: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

\_\_\_\_\_  
Name                      Last                      First                      Middle

\_\_\_\_\_  
Address                      City/State                      Zip Code

\_\_\_\_\_  
Cell or Home Phone Number                      Email Address

Have you ever used any other names during the course of your education or previous employers?  Yes  No

If the answer is yes, please specify: \_\_\_\_\_

## EMPLOYMENT HISTORY:

Begin with present or most recent employer first. Please fill out completely, listing all previous employers within the past seven (7) years even if you provided a resume. Include self-employment, military service, summer, and part-time jobs. If necessary, attach additional sheets following the same format.

Please circle the name of any employer or supervisor who you *do not* want contacted at this time.

**Employer** \_\_\_\_\_

\_\_\_\_\_  
Position                      Date of employment (mm/yy)                      Full or part time

\_\_\_\_\_  
Address                      City/State                      Zip code

\_\_\_\_\_  
Supervisor's name                      Supervisor's job title

\_\_\_\_\_  
Supervisor's phone number                      Supervisor's email address

\_\_\_\_\_  
Specific job duties

\_\_\_\_\_  
Reason for leaving

**Employer**

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Position \_\_\_\_\_ Date of employment (mm/yy)     /    -    /     Full or part time \_\_\_\_\_

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Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip code \_\_\_\_\_

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Supervisor's name \_\_\_\_\_ Supervisor's job title \_\_\_\_\_

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Supervisor's phone number \_\_\_\_\_ Supervisor's email address \_\_\_\_\_

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Specific job duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

**Employer**

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Position \_\_\_\_\_ Date of employment (mm/yy)     /    -    /     Full or part time \_\_\_\_\_

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Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip code \_\_\_\_\_

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Supervisor's name \_\_\_\_\_ Supervisor's job title \_\_\_\_\_

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Supervisor's phone number \_\_\_\_\_ Supervisor's email address \_\_\_\_\_

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Specific job duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Additional employment history attached:       Yes       No

**MEDICAL INFORMATION:**

I am able to perform the essential functions of this job as stated on the job description **with or without** reasonable accommodation.

Yes       No

\_\_\_\_\_  
Applicant's initials

**EDUCATION:**

Name of school	City/State	# of years completed	Did you graduate?	Major/subject or degree
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High School

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Technical school, college or university

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Graduate Work

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Additional training, special achievement, certificates or license, or honors relevant to position applying for.

**REFERENCES (Not relatives):**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**NOTE:**

- It is the policy of Partners in Development Foundation (PIDF) to hire only U.S. citizens and aliens who are authorized to work in the U.S. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work in the U.S. according to the U.S. Citizenship and Immigration Service's Form I-9.)
- It is standard policy of PIDF to conduct a certified Criminal Abstract and, if applicable, Traffic Abstract, if you are a designated driver for PIDF. The findings of these certified legal records must be satisfactory within PIDF employment hiring standards.

**OTHER:**

Do you know anyone presently working for our company? \_\_\_\_\_ If so, who? \_\_\_\_\_

If you wish, list community and professional organizations to which you belong (exclude religious and racial groups). Also, include hobbies or recreational activities you enjoy:

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# ACKNOWLEDGMENT AND CERTIFICATION

Please read each statement closely before initialing and signing:

\_\_\_\_\_ **Confidentiality and Privacy Disclosure**

It is in the best interest of PIDF to protect the privacy or personal information of all applicants, employees, volunteers, interns, trainees, and independent contractors.

\_\_\_\_\_ **Equal Employment Opportunity Disclosure**

PIDF is an equal opportunity employer. We do not discriminate on the basis of race, sex (including gender identity or expression), religion, color, national origin, sexual orientation, disability, marital status, age, military/veterans status, credit history, reproductive health decision, ancestry, citizenship, arrest and court record, genetic information, domestic or sexual violence victim status, or other status protected by Federal, State or local laws. If I require accommodation during the employment application process, I will let PIDF know.

\_\_\_\_\_ **Discrimination and Sexual Harassment Policy Disclosure**

PIDF will not tolerate any form of unlawful discrimination, including sexual harassment. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to that conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of that conduct by an individual is used as the basis for employment decisions affecting that individual; (3) that conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. Employees who violate our policy may be subject to disciplinary action, up to and including unpaid suspension and/or immediate termination of employment.

\_\_\_\_\_ **Drug & Alcohol Free Workplace Program and Physical Examination Disclosure**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to under a medical (or drug) examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

\_\_\_\_\_ **Work Schedules**

I understand that work schedules are subject to change at any time based on the needs of the operation and that overtime may be required and must be approved in advance by my supervisor.

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize PIDF to investigate my work history, education, character, credentials, reputation, and background for purposes of considering my application for employment.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or PIDF, with or without cause or reason and with or without notice.**

I, \_\_\_\_\_, understand and agree that all the foregoing terms and  
Applicant's Name (Print)

conditions will become part of my employment relationship with PIDF if I am employed by PIDF.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Application Date