

CITY MISSION APPLICATION FOR EMPLOYMENT

Date: _____ Pre-employment questionnaire Equal Opportunity Employer

Any offer of employment will be conditioned on the results of the applicant's voluntary drug urine screening and a police background check.

PERSONAL INFORMATION

Name _____ Social Security # _____

Address: _____

Permanent Address: *(if different from above)* _____

Phone # (____) _____ - _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____

Are you currently employed? Yes ___ No ___ May we contact your present employer? _____

EDUCATION

	Name	Location	Did you graduate?
Grade School	_____	_____	Yes ___ No ___
High School	_____	_____	Yes ___ No ___
College	_____	_____	Yes ___ No ___
Trade, Business, or Correspondence School	_____	_____	Yes ___ No ___
U.S. Military Service	_____	_____	Yes ___ No ___

FORMER EMPLOYERS *(starting with most recent)*

Name and Address of employer	Begin Date	End Date
_____	_____	_____
Salary _____ Position _____ Reason for leaving _____		

Name and Address of employer	Begin Date	End Date
_____	_____	_____
Salary _____ Position _____ Reason for leaving _____		

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Name and Address of employer _____ Begin Date _____ End Date _____
 Salary _____ Position _____ Reason for leaving _____

Name and Address of employer _____ Begin Date _____ End Date _____
 Salary _____ Position _____ Reason for leaving _____

GENERAL INFORMATION

What special training or useful skills do you have that might be helpful in this position?

What experiences have you had which would be of use to you in relating to homeless people?

Have you ever been convicted of a felony? Yes ___ No ___

REFERENCES *(give the names of 3 persons NOT related to you whom have known you at least one year)*

Name and address	Phone	Occupation	Years known
_____	_____	_____	_____

Name and address	Phone	Occupation	Years known
_____	_____	_____	_____

Name and address	Phone	Occupation	Years known
_____	_____	_____	_____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and the references and employers listed to give you any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release City Mission from all liability or damage that may result from utilization of such information.

I also understand and agree that no representative of City Mission has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of City Mission.

I also understand and agree that any offer of employment will be conditioned on the results of a drug screening urine test by City Mission and a police background check that the results of both will remain confidential."

Signature _____ Date _____

Print and return this application to:
 City Mission of Findlay
 510 West Main Cross Street
 Findlay, OH 45840

OR

Save and email this application to:
 Joy Barger
 joybarger@findlaymission.org