



House of John, Inc
Employment Application

Instructions: We appreciate your interest in our organization. We consider applications for all positions without regard to race, color, national origin, age, religion, sex, gender, disability, veteran status or any other legally protected status.

Please print clearly and answer all questions.

Date of Application _____

Personal Information

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Cell _____ Home _____

Email _____

Have you filed an application with us before? YES NO If yes, give date _____

How did you learn about our organization? _____

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES NO

If -yes-, please give dates of offenses and disposition _____

Please note: ALL applicants will be required to comply with background check

Are you legally eligible for employment in the USA? YES NO

Proof of identity and employment eligibility will be required upon employment.

Position Applying for: _____ Expected Rate of Pay _____

On what date would you be able to work: _____

Are you available to work: Full time Part time Per diem/relief

Circle all shifts you can and are willing to work: Day Evening Overnight Weekend Holidays

Employment History

Start with you present of last job. Include any job-related volunteer activities, bummer and cooperative education assignments. Please account for all time for at least the past seven (7) years.

Employer	Phone	Dates Employed
Address		Summarize your job responsibilities
Job Title		
Immediate Supervisor and Title		
Reason for Leaving		

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Explain any gaps in your employment _____

Education and Training

High School _____
Name Location

Graduated YES NO Major _____

College _____
Name Location

Graduated YES NO Major _____ Diploma/Degree _____

Graduate School _____
Name Location

Graduated YES NO Major _____ Diploma/Degree _____

Academic honors or special recognition: _____

Special skills, Qualifications or Training: _____

References – Please provide name, address, telephone number and relationship of three references who are qualified to evaluate your capabilities, who are not related to you and are not previous employers.

Name / Relationship	Address	Telephone

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract implied or expressed, and such employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I understand that a criminal background check will be conducted and authorize such an investigation. (Conviction will not necessarily disqualify applicant from employment.)

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signature of Applicant

Date