

Application For Employment

We consider applicants for all positions without regard to sex, race, ancestry, color, religion, creed, gender, national origin, citizenship, age, pregnancy, sexual orientation, gender identity, physical or mental disability, handicap, marital, military or veteran status, genetic information, or any other protected classification in accordance with federal, state or local law.

(PLEASE PRINT)

Today's Date: _____ Position(s) applied for: _____

Name in Full: _____
First Middle Last

Address: _____
Street Town State Zip

Telephone: _____ E-mail: _____

Are you 18 years of age? Yes No
If under 18 are you in possession of a valid work papers? Yes No
Do you have authorization to work in the U.S.? Yes No
Are you fully vaccinated against COVID-19? Yes No
If no, have you received the first dose of the COVID -19 vaccine? Yes No Do not plan to be vaccinated

Have you ever applied or interviewed with us before? Yes No If Yes, for what position? _____

Have you been employed with us before? Yes No If Yes, give position and date: _____

What experience do you have for the position you are applying for: _____

What date would you be available for work?: _____ Salary desired: _____

Are you available to work: Full Time Part Time Summer

Education

High School: _____ Did you graduate? Yes No

City, State: _____

Do you have a vocational school graduate permit? Yes No

College: _____ Did you graduate? Yes No

City, State: _____ Degree/Major: _____

• Graduate Work / College: _____ Degree: _____

City, State: _____

• Other classes, certifications, honors, affiliations relevant to the position: _____

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The Connection is an Equal Opportunity Employer. We believe our differences make us better.

Previous Employment

1. Position: _____ Employer: _____

Work performed: _____

Address: _____ Dates employed: From: _____ To: _____

Contact: _____ Phone: _____ Email: _____

REASON FOR LEAVING: _____

May we contact this employer for a reference? Yes No

2 Position: _____ Employer: _____

Work performed: _____

Address: _____ Dates employed: From: _____ To: _____

Contact: _____ Phone: _____ Email: _____

REASON FOR LEAVING: _____

May we contact this employer for a reference? Yes No

3 Position: _____ Employer: _____

Work performed: _____

Address: _____ Dates employed: From: _____ To: _____

Contact: _____ Phone: _____ Email: _____

REASON FOR LEAVING: _____

May we contact this employer for a reference? Yes No

Falsifying information on this application will result in immediate termination of employment.

Please note that The Connection screens all potential staff on the National Sex Offender Public Registry. By completing this form, you are submitting to such an inquiry.

Employment with this organization is at will meaning it is at the mutual consent of the employer and employee, and either party may terminate that relationship at any time with or without cause and with or without any advance notice being required

Signature: _____ Date: _____

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