

APPLICATION FOR EMPLOYMENT

The Julia Paige Family Center, LLC

5494 HIGH HILL ROAD

CAMBRIDGE, OH 43725

PHONE: 740-439-1726

AN EQUAL OPPORTUNITY EMPLOYER

FIRST, MIDDLE & LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE 1 _____ PHONE 2 _____

E-MAIL: _____ SSN# _____

DATE AVAILABLE _____ POSITION DESIRED _____

employment / volunteer / intern

DO YOU HAVE: A CAR TO USE FOR WORK _____ AUTOMOBILE INSURANCE _____

A VALID DRIVER'S LICENSE _____

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
ELEMENTARY		N/A	5 6 7 8	____ YES ____ NO	
HIGH SCHOOL		N/A	1 2 3 4	____ YES ____ NO	
COLLEGE			1 2 3 4	____ YES ____ NO	
OTHER			1 2 3 4	____ YES ____ NO	

LIST ANY SPECIAL TRAINING, EXPERIENCE OR QUALIFICATIONS THAT YOU FEEL WOULD SUIT YOU FOR WORK WITH THIS ORGANIZATION:

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

-1-

-2-

-3-

NAME / ADDRESS OF BUSINESS			
TYPE OF BUSINESS			
WORKED FROM (DATE) TO (DATE)	FROM: TO:	FROM: TO:	FROM: TO:
PAY RATE			
REASON FOR LEAVING			
DESCRIBE JOB DUTIES			

MAY WE CONTACT THE ABOVE EMPLOYERS? _____ IF NOT, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT:

DO YOU HAVE ANY CONDITION WHICH WOULD HINDER YOUR PERFORMANCE IN THE POSITION FOR WHICH YOU ARE APPLYING yes / no IF YES, PLEASE EXPLAIN _____

circle one

THIS APPLICATION IS VALID FOR 90 DAYS. IF YOU WISH TO REMAIN ON OUR ACTIVE LIST, A NEW APPLICATION MUST BE FILED EVERY 90 DAYS.

SIGNATURE

DATE

THE JULIA PAIGE FAMILY CENTER, LLC MAKES EVERY EFFORT TO PROVIDE "REASONABLE ACCOMMODATION" TO ENSURE THAT NO PERSON ON THE GROUND OF RACE, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAP BE EXCLUDED FROM PARTICIPATION IN PROGRAM SERVICES OR BE SUBJECT TO DISCRIMINATION UNDER ACTIVITIES SPONSORED BY THIS ORGANIZATION.