

# 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