

FELLOWSHIP PLACE, INC.

441 Elm Street, New Haven, CT 06511

APPLICATION FOR EMPLOYMENT

Name:

Last First Middle

Address: Street City State Zip

Phone Number Home Work

Person to contact in case of emergency: _____ Phone Number _____

Position Desired: _____ Salary Expected: _____

Have you previously applied to Fellowship Place Inc. for Employment? _____
If so when? _____

Have you ever been employed by Fellowship Place Inc.? _____ If so when? _____
What position? _____

How did you learn of our organization? _____

How soon would you be available for employment? _____

Driver's License _____
State Issued License Number

EDUCATION

School	Name & Location	Did you Graduate	Degree or Diploma
High School			
College			
Graduate			
Post Graduate			
Other			

EMPLOYMENT HISTORY

Provide complete information for all questions in this section. Begin with your current or most recent position. If you require additional space to provide information for description of position responsibilities, your resume or an additional sheet may be attached to this application. However, answers to all other questions must be provided on this form.

Name of last or current employer Address City State

Telephone Number Position Title Supervisor's Name

Date Employment Began Date Employment Ended

Reason For Leaving May we contact this employer?

Responsibilities of this position

Other Previous Employer Address City State

Telephone Number Position Title Supervisor's Name

Date Employment Began Date Employment Ended

Reason For Leaving May we contact this employer?

Responsibilities of this position

Other Previous employer	Address	City	State
<hr/>			
Telephone Number	Position Title	Supervisor's Name	
<hr/>			
Date Employment Began	Date Employment Ended		
<hr/>			
Reason For Leaving	May we contact this employer?		
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Responsibilities of this position			
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ADDITIONAL EMPLOYMENT INFORMATION

Office Machines Operated: _____

Computers (PC, Mac, Operating System) _____

Software Programs used: _____

Other office machines used: _____

Certifications, Licenses, Honors, Etc. (List only those that relate to the position for which you are applying and omit any that may disclose your race, creed, sex, religion, etc.)

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin).

PERSONAL REFERENCES

List three references that are not relatives or employers listed above.

Name	Occupation	Company Name & Address	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

READ BEFORE SIGNING

The distribution or receiving of this application by Fellowship Place Inc. does not imply or intend to imply an agreement or contract to employ the applicant.

The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

Fellowship Place Inc. is authorized to investigate any information contained herein or information relating to my business background.

My statements and answers to the foregoing are true and complete to the best of my knowledge. I understand that false or misleading statements may result in being disqualified or terminated.

The Immigration Reform and Control Act requires employers to view original documents confirming the identity and right to work of all applicants about to be hired.

Fellowship Place Inc. is an Equal Opportunity Employer and considers all candidates for employment regardless of race, creed, color, religion, sex, national origin, age, handicap or disability, marital status or veteran's status.

I hereby acknowledge that I have read this application form and understand the purpose and the content of the information requested.

Applicant's Signature

Date