

Project C.U.R.E. Inc.

1800 North James McGee Blvd.
Dayton, Ohio 45427
937-262-3500

AN EQUAL OPPORTUNITY EMPLOYER – Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other category protected by either Federal, State or local law.

Application for Employment

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Name _____

Address _____
Number Street City State Zip Code

Telephone (_____) _____ Social Security Number _____
Area Code

FOR OFFICE USE ONLY:
DOH: _____ RATE: _____
SHIFT: _____ LINE: _____
POSITION: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or an alien lawfully authorized to work in the United States? Yes No
(Proof of identity and employment authorization will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift: 1st Shift 2nd Shift 3rd Shift

Are you on layoff and subject to recall? Yes No

Have you ever been convicted of any misdemeanor or felony crime (this includes, without limitation, pleading guilty, pleading no contest or having a finding of guilt) ? Yes No
If yes, where, for what and give dates: _____

(Answering "yes" will not necessarily preclude you from employment. The information provided will be utilized in accordance with applicable laws.)

Are you a veteran of the U.S. military service? Yes No If yes, branch _____

List professional, trade, business or civic activities and offices held.
(Exclude those which indicate race, color, religion, sex or national origin.) _____

Referral source: Advertisement Employment Agency Friend Relative Walk-in Other _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

(1) _____

(2) _____

(3) _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color religion, sex or national origin.

1	Employer	Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
	Address				
	Job Title	Work Performed			
	Supervisor				
	Reason for leaving				

2	Employer	Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
	Address				
	Job Title	Work Performed			
	Supervisor				
	Reason for leaving				

3	Employer	Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
	Address				
	Job Title	Work Performed			
	Supervisor				
	Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications.

Summarize any special skills and qualifications acquired from employment or other experience. _____

Education

	Elementary	High	College/University	Graduate/Prof.
School Name				
Years completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of study				

Describe specialized training, apprenticeship, skills and extracurricular activities:

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that false, misleading, or omitted information, either in the application or during an interview, whenever discovered, may/shall be grounds for dismissal or rejection of this application. I authorize investigation of all statements contained herein. I authorize current and previous employers and any other person or party to give you any and all information they may have, personal or otherwise. I release all parties from any and all liability for any damage that may result from furnishing this information.

I understand that if I am offered employment, the Company may require me to submit to alcohol and/or drug test(s) as a condition of beginning employment or of continuing employment. In addition, if I am involved in an accident at work, refusal to submit to such test and/or the results of the test may result in my termination and (if permitted under state law) may also limit my ability to recover worker's compensation benefits. I hereby release and agree to indemnify the Company, its employees, officers and agents from any liability arising out of such testing or the taking of any action based on the results of any such testing.

If hired, I agree to abide by the rules and policies of the company. I understand that the policies and benefits of the company do not create any express or implied contract and may be changed by the company at any time without notice. I understand and agree that, if hired, I will always be an at-will employee, that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated at any time with or without cause and without prior notice. I understand that no representative of the company has the authority to enter into an agreement with me that is contrary to the foregoing.

I HAVE READ AND AGREE WITH THE TERMS OF THIS DOCUMENT.

Signature: _____ Date: _____