



Supporting Survivors • Strengthening Communities • Empowering Change

Employment Application

We are an equal opportunity employer.

Position Applied For: _____

Date of Application: _____ Date Available to Start: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Type of employment desired (please circle all that apply) Full-Time Part-Time Temporary

Have you ever been employed here before?	YES	NO
Are you legally eligible for employment in this country?	YES	NO
If you are under 18, do you have a work permit?	YES	NO

Education Background

SCHOOL	No. of Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

References

Name	Relationship	Daytime Phone Number	Evening Phone Number	Years Known

Work Experience (Please List Most Recent First)

A resume may be submitted in lieu of this section, provided that the resume addresses all these relevant questions.

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
Immediate supervisor and title:		Nature of the work and responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
		May we contact this employer?	
FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
Immediate supervisor and title:		Nature of the work and responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
		May we contact this employer?	
FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
Immediate supervisor and title:		Nature of the work and responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
		May we contact this employer?	

Additional Employment, may be attached as a separate sheet.

Applicant's Statement

I certify that all the information provided in, and submitted with, this application are true and correct and that I have not withheld any information relative to my application. I understand that any, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents may result in denial of employment or immediate termination.

I authorize my current and previous employers to provide any and all information regarding my employment, and I release My Sisters' Place (MSP), its officers, agents, and employees and my previous and current employers and their officers, agents, and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional release forms requested by MSP or my former employers.

If hired, I agree to conform to all the rules and policies of MSP. I understand and acknowledge that employment relationships with MSP are of an "at-will" nature, except for positions within any executed collective bargaining agreement or unless otherwise designated by applicable law. This means that an employee may resign at any time and MSP may discharge the employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct of any officer, employee, agent, or officer of MSP unless such change is specifically authorized in writing by the MSP Board of Directors.

I understand and acknowledge that if offered employment, the hiring process will require a background check. Additionally, I hereby authorize the release of the results of the background check to MSP for its use in evaluating my suitability for employment. Further, I release MSP, and their respective officers, agents and employees from any and all liability and claims for damages from the release of such information.

I have read and understand the foregoing statements and agree to comply with the terms therein.

Applicant Signature

Date