

An Equal
Opportunity
Employer

APPLICATION FOR EMPLOYMENT



GMN TRI-COUNTY COMMUNITY ACTION COMMITTEE, INC.
615 NORTH ST.
CALDWELL, OH 43724
740/732-2388 / 740/432-3969

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ POSITION DESIRED: _____

CITY/STATE: _____ DATE AVAILABLE: _____

PHONE NUMBER: _____ / _____
HOME CELL

ARE YOU A RESIDENT OF GUERNSEY, MONROE OR NOBLE COUNTY? YES NO

DO YOU HAVE A CAR TO USE? YES NO DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

DO YOU HAVE AUTOMOBILE INSURANCE? YES NO

DO YOU HAVE A CURRENT PRE-K CERTIFICATION? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATIONS? YES NO

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
High School			9, 10, 11, 12		
College			1, 2, 3, 4		
Other					

LIST ANY SPECIAL TRAINING, EXPERIENCE OR QUALIFICATIONS THAT YOU FEEL WOULD BE AN ASSET TO OUR ORGANIZATION : _____

DO YOU HAVE A CHILD IN HEAD START NOW? YES NO

HAVE YOU HAD A CHILD IN HEAD START IN THE PAST? YES NO

HAVE YOU EVER WORKED FOR GMN IN THE PAST? YES NO

IF YES, DATES: _____ PROGRAM: _____

OK
2/1/02

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LIST PRESENT AND PAST EMPLOYMENT, OR VOLUNTEER SERVICE, FOR THE PRECEDING 10 YEARS, BEGINNING WITH THE MOST RECENT: (USE ADDITIONAL PAGE FOR MORE SPACE, IF NEEDED)

EMPLOYERS	1	2	3
NAME/ADDRESS OF EMPLOYER			
JOB TITLE			
TYPE OF BUSINESS			
WORKED FROM (DATE) TO (DATE)			
PAY RATE			
REASON FOR LEAVING			
DESCRIBE JOB DUTIES			

DO YOU HAVE ANY IMMEDIATE FAMILY EMPLOYED AT GMN OR ON THE GMN BOARD OF DIRECTORS? YES NO

HAVE YOU BEEN CONVICTED OF ANY FELONY, OR FOR A NON-TRAFFIC OFFENSE OR MISDEMEANOR? YES NO
IF YES, PLEASE EXPLAIN: _____

US MILITARY SERVICE

BRANCH OF SERVICE: _____ FROM: _____ TO: _____

RANK AND TYPE OF SERVICE: _____

TRAINING/EXPERIENCE RECEIVED: _____

PERSONAL REFERENCES
(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	PHONE NUMBER

APPLICANTS STATEMENT: I understand that GMN follows an "employment at will" policy, in that GMN may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity and failure to submit such proof will result in denial of employment

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that GMN may thoroughly investigate my work and personal history and verify all data given on this application and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability in providing this information.

I certify that all the statements herein are true to the best of my knowledge and understand that any falsification or willful omission herein shall be sufficient cause for dismissal or refusal of employment.

SIGNATURE: _____ DATE: _____