An Equal Deportunity Employer 8-17-22

APPLICATION FOR EMPLOYMENT

G.M.N.



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:		DA	DATE AVAILABLE:				
PHONE NUMBE	R:/_	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	INDICATE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE		
High School							
College							
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? HAVE YOU HAD A CHILD IN HEAD START IN THE PAST? HAVE YOU EVER WORKED FOR GMN IN THE PAST? YES NO YES NO							
IF YES, DATES: _	IF YES, DATES: PROGRAM:						

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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 FAMILIANS)						
NAME/ADDRESS OF EMPLOYER						
JOB TITLE						
TYPE OF BUSINESS						
WORKED FROM (DATE) TO (DATE)						
PAY RATE						
REASON FOR LEAVING						
DESCRIBE JOB DUTIES						
OO YOU HAVE AN IMMEDIATE FAMILY MEMBER WHO WOULD BE A DIRECT SUPERVISOR AT GMN OR ON YES NO						
HAVE YOU BEEN CONVICTED OF ANY FELONY, OR FOR A NON-TRAFFIC OFFENSE OR MISDEMEANOR? YES NO FYES, PLEASE EXPLAIN:						
	US MILITARY	SERVICE				
BRANCH OF SERVICE:		FROM:	TO:			
RANK AND TYPE OF SERVICE:						
RAINING/EXPERIENCE RECEIVED:						
	PERSONAL REF (NOT FORMER EMPLOYE					
NAME ADDRESS PHONE NUMBER						
TWINE	ADDILESS	THON	E NOMBER			
	+					
PPLICANTS STATEMENT: I understand that GMN for pplicable state or federal law; this "employment at will nderstand that this application is not a contract of emproof of employment authorization and identity and fail understand this application will be active for a period of understand that GMN may thoroughly investigate my named herein, except my current employer if so noted, certify that all the statements herein are true to the bemployment.	I" policy cannot be changed verbally or in wri ployment. I understand that federal law proh lure to submit such proof will result in denial of 90 days. After that time, if I wish to be con work and personal history and verify all data is to provide any information requested about	iting, unless the change is specifically author iibits the employment of unauthorized alien of employment isidered for employment, I must submit a ne given on this application and in interviews. I me, and I release them from all liability in pi	ized in writing by the Board of Directors. I s. All persons hired must submit satisfactory w application. authorize all individuals, schools, and firms roviding this information.			
SIGNATURE:	(e-signature)	DATE:				
GMN TRI-COUNTY COMMUNITY ACTION COMMITT		YER AND DOES NOT DISCRIMINATE AGAINST	ANY PERSON ON THE GROUNDS OF RACE,			