



EMPLOYMENT APPLICATION

Personal Data

Name _____

Date _____

Permanent Address _____

Phone Number _____

Job Interest

Position Applied For _____

Indicate Availability To Work: Full Time _____ Part Time _____

Available To Start _____

Referral Source _____

Have you ever been employed by us before: Yes _____ No _____

Are you legally permitted to work in this country: Yes _____ No _____

Are you above the minimum working age: Yes _____ No _____

Education

Type	Name and Location	Courses Taken	Graduated Yes/No/Enrolled
High School			
College			
University			
Business, Trade, Technical			
Other			

Employment History

(List previous employers beginning with most recent)

Company Name _____
Business Type _____
Address _____
Supervisor _____
Supervisors Title _____
Position _____ Full Time/Part Time/Temporary
Employment Dates (mm/yy): From ____/____/____ To ____/____/____
Ending Salary: _____
Reason for Leaving: _____ May we contact: _____

Company Name _____
Business Type _____
Address _____
Supervisor _____
Supervisors Title _____
Position _____ Full Time/Part Time/Temporary
Employment Dates (mm/yy): From ____/____/____ To ____/____/____
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 Ending Salary: _____
 Reason for Leaving: _____ May we contact: Yes/No

Professional References

(Please list three professional references below)

Name	Company and Title	Business Telephone	E-mail

For **{The Stroke Survivors Network}** to consider hiring you, a criminal background check must be performed. Please complete the **attached Consent to Perform Criminal History Background Check**.

I declare that the facts outlined in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicant Signature: _____

Date: _____

