



# East Wayne Street Center

801 E Wayne Street, Fort Wayne, IN 46803  
 Phone: 260-422-6502 Fax: 260-422-2560  
 Website: www.ewscenter.org

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

## Application for Employment

### PERSONAL (Please Print)

Last	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Alt Telephone ( )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you eligible to work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can work?			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available to work?
Other special training or skills (languages, machine operation, etc.)			

### Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

# Employment History

Company Name	Telephone ( )
Address	Dates employed (month & year)
Name of Supervisor	Starting Pay: Ending Pay:
Job Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain
Summary of work performed and job responsibilities	Reason for leaving?
What did you like most about the position?	What did you like least about the position?

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## Military Service

Branch of Service	From	To	Rank & Duties	Date Discharged

## Driving Information

Do you have a Driver's License?

Yes  No

What is your means of transportation to work?

### \*Below Required only for Van Driver positions\*

DLN #:

State:

Exp Date:

Type of License

Operator

Commercial (CDL)

Chauffeur

Have you had any moving violations during the past three years?

Yes  No Explain:

Have you had any accidents during the past three years?

Yes  No Explain:

## Criminal Background

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Have you ever been convicted of a crime, excluding misdemeanors and summary offences, which has not been annulled, expunged, or sealed by a court?

Yes  No If yes, explain:

Have you ever been convicted of child abuse or neglect?

Yes  No If yes, explain:

## References

Please list three business/work references other than relatives or previous employers.

If not applicable, list three school or personal references who are not related to you.

Name	Title	Company	Relationship to you	Telephone	Number of Years Known
				( )	
				( )	
				( )	

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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# Applicant's Statement/Authorization/Liability Release

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. Further, I understand that my employment is for no definite period and may be terminated at any time without previous notice.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing and receiving such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## For Office Use Only

Dates of employment: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Reasons for leaving: \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Would you re-employ? \_\_\_\_\_ If no, reason: \_\_\_\_\_

Check the following areas:	Excellent	Good	Satisfactory	With Reservations	Unsatisfactory	Comments
<b>Work Habits</b>						
Attendance						
Punctuality						
Observes of work rules						
<b>Attitude</b>						
Works willingly						
Accepts assignments well						
Works well with others						
Shows initiative						
Does more than own share						
<b>Performance &amp; Production</b>						
Quantity of work						
Quality of work						
Takes pride in work						
Shows good judgment						
Able to complete assigned tasks						
<b>Personal Habits</b>						
Takes pride in personal appearance						
Demonstrates a professional attitude						

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_