

Office Use:	
Date Received:	

2429 S. Reynolds Rd., Toledo, OH 43614 \* genesisvillage.org

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date	
Last name	First name Middle name
Street Address	
City	State ZIP
Telephone	<del></del>
Position applied f	or Full-time Part-time
How did you hear	of this opening?
When can you sta	rt? Desired Wage \$
Are you over 18 y	vears old? ☐ Yes ☐ No If not, do you have a work permit? ? ☐ Yes ☐ No
Are you a U.S. cit documentation.)	tizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You are required to provid ☐ Yes ☐ No
Days / Hours Av	ailable to Work
No Preference □	Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday □
Times Available:	AM 6:00 🗆 7:00 🗅 8:00 🗅 9:00 🗆 10:00 🗆 11:00 🗅
	PM 12:00 🗆 1:00 🗅 2:00 🗀 3:00 🗀 4:00 🗀 5:00 🗀 6:00 🗔 7:00 🗀 8:00 🗀 9:00 🗔 10:00
How many hours	per week?
If you have other	restrictions, please explain.
Security: Willing	to work overnights:  Yes  No
	years, have you ever been convicted of a felony? (This will not necessarily affect your application.) If yes, are you on probation? ? $\square$ Yes $\square$ No
If yes, please desc	cribe conditions.
Education: Pleas	se indicate the education or training that you believe qualifies you for the position you are seeking.
High School: Nu	mber of Years Completed (circle one) 1 2 3 4
School Name:	City/State

	Applicant Name:
College and/or Vocational School:	
Name:	City/State
Major:	Degrees Earned:
Name:	City/State
Major:	Degrees Earned:
Other Training or Degrees	
Name:	City/State
Major:	Degrees Earned:
License or Membership:	
Other Memberships/Volunteer/Interests/Hobbies:	
Skills	
	city: 🗖 Light - up to 20 lbs. 📮 Medium - 20 to 50 lbs.
Other Software skills	· · · ·
Other	
Employment History (Start with most rece	nt employer for the past 5 years)
Company Name	Address
Telephone	
Date Started Starting Wage	Starting Position
Date Ended Ending Wage	Ending Position
Name of Supervisor	May we contact? 🗆 Yes 🗀 No
Responsibilities	

Reason for leaving

			Applicant Na	me:
Company Name				
Address				,
Date Started				
Date Ended	Ending Wage	Ending Position		_
Name of Supervisor		May we contact?	☐ Yes ☐ No	
Responsibilities				
Reason for leaving				<del>-</del> :
Company Name				
	Starting Wage			
	Ending Wage			
Name of Supervisor		May we contact? [	Yes No	
Responsibilities				
				-
If you wish to describe add paper.	litional work experience, at	ach the above informatio	n for each position	on on a separate piece of
What do you do best and w	what do you enjoy doing the	most?		_
				<u></u> 
	orth in this application for e		complete to the h	

Signature\_

Date\_