



# Employment Application

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, or national origin.*

**PERSONAL INFORMATION** Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Referred by \_\_\_\_\_ Are you at least 21 years of age? YES  NO

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied to COBYS before? \_\_\_\_\_ Position? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

	Name and location of school	# of years completed	Did you graduate?		Subjects studied and degree(s) received
			YES	NO	
High School		1 2 3 4	YES		
			NO		
College or University		1 2 3 4	YES		
			NO		
Other Formal Education		1 2 3 4	YES		
			NO		

**FORMER EMPLOYERS:** List below your last four employers, beginning with the most recent.

Date (Month/Year)	Name, Address and Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES:** Please provide two professional references and one personal reference. References shall be from people who have known you for at least one year. No relatives, please.

Name	Address	Phone Number	Relationship	Years Acquainted
		H: W:		
		H: W:		
		H: W:		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I hereby authorize the release to COBYS Family Services of any and all information relative to my employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for re-employment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date