

Senior Outreach Services, Inc.

2355 East 89th Street
Cleveland, OH 44106

Applicants will be tested
for illegal drugs

Application for Employment

PLEASE PRINT—EXCEPT FOR SIGNATURE

Please complete all pages.

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Number Street City State Zip

Social Security Number: _____ - _____ - _____

How long at present address? _____ Telephone Number (____) _____

If under 18, please list age _____ Cell Phone Number (____) _____

Position applied for (1) _____

Days/hours available to work:

Number of days preferred: _____

Desired salary (2) _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

How many hours can you work weekly? _____

Employment desired _____ Full-time _____ Part-time _____ Full or Part-time

When available for work? _____

Type of School	Name	Location (Complete mailing address)	Number of Years	Major & Degree
High School				
College				
Business/ Trade				

Have you ever been convicted of a crime? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

(over)

Military Services

Have you ever been in the military? ___Yes ___No
 Are you now a member of the National Guard? ___Yes ___No

Specialty _____ Date Entered _____ Date Discharged _____

Work Experience

Please list your work experience for the past five (5) years, beginning with your most recent job held.
 If you were self-employed, give the business name.

	Employer	Name of Supervisor	Employment Dates	Salary
Name				
Address			From	Start
City, State & Zip			To	Final
Telephone Number				
			Job Title	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while working for this company. _____

	Employer	Name of Supervisor	Employment Dates	Salary
Name				
Address			From	Start
City, State & Zip			To	Final
Telephone Number				
			Job Title	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while working for this company. _____

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Name				
Address			From	Start
City, State & Zip			To	Final
Telephone Number				
			Job Title	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while working for this company. _____

May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No
 If not, who did? _____

Do you have a Driver's License? Yes No

Driver's License number _____

State of Issue _____ Expiration Date _____ Operator CDL Chauffeurs

What means of transportation will you be using? CAR _____ PUBLIC TRANSPORTATION _____ OTHER _____

Please list two references other than relatives or previous employers.

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

