Good News Project, Inc Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE P	AGES 1-5.			DATE:		
Name :	Last	First		Middle		Maiden
Present address:	Number	Street	City	State	Zip	
How long have you beer	n at this address?					
Telephone:						
If under 18, please list a	ge					
Position applied for (1) and salary desired (2) (Be specific)						
How many hours can yo	u work weekly?	Can you	work ni	ghts?	Can you work	k weekends?
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY	□FU	LL- OR PART-1	ГІМЕ
When available for work	?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing		ss)	JMBER OF YEARS DMPLETED	MAJOR & DEGREE
HAVE YOU EVER BEEI	N CONVICTED OF A CRI	ME? □ No		☐ Yes		

AVE 100 EVER BEEN CONVICTED OF A CRIME?

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.

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APPLICATION FOR EMPLOYMENT					
DO YOU HAVE A DRIVER'S LICENSE?					
What is your means of transportation to work?					
Have you had any accidents during the past three years? Have you had any moving violations during the past three years	How many?				
Please list two references other than relatives or previous empl	oyers.				
Name:	Name:				
Position:	Position:				
Company:	Company:				
Address:	Address:				
Telephone:	Telephone:				
•					
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. 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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APPLICATION FOR EMPLOYMENT

М	LITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?		No		
Specialty Date			e	
Work Please list your work experience for the particular Experience If you were self-employed, give firm name.			job held.	
Name of employer :	Name of last supervisor	Employment dates	Pay or salary	
Address:		From:	Start:	
City, State, Zip Code:		То:	Final:	
Phone number:	Your last job title:			
Reason for leaving (be specific):				
company.				
Name of employer:	Name of last supervisor	Employment dates	Pay or salary	
Address:	'	From:	Start:	
City, State, Zip Code:		To:	Final:	
Phone number: Your Last Job Title:				
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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Work

APPLICATION FOR EMPLOYMENT

	Please list your work expe f you were self-employed,					job held.
				T	1	T
Name of employe	r			Name of last supervisor	Employment dates	Pay or salary
Address					From	Start
City, State, Zip Co	ode				То	Final
Phone number				Your last job title		
Reason for leaving	g (be specific)			ı -		
List the jobs you h company.	neld, duties performed, ski	ilis used o	r learned,	advancements or pro	omotions while you wo	rked at this
				T	T	
Name of employe	r			Name of last supervisor	Employment dates	Pay or salary
Address					From	Start
City, State, Zip Code			То	Final		
Phone number				Your last job title		1
Reason for leaving	g (be specific)			i -		
List the jobs you h company.	neld, duties performed, ski	lls used o	r learned,	advancements or pro	omotions while you wo	rked at this
	our present employer? this application yourself	□ Yes	□ No □ No			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Good News Project, Inc (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Good News Project, Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Executive Director of the Company. Both the undersigned and Good News Project, Inc may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant:		Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.