

DATE: _____



O'Brien House

saving lives & families

446 NORTH 12TH STREET
BATON ROUGE, LA 70802

TEL: (225) 344-6345

FAX: (225) 344-0119

www.obrienhouse.org

NOTICE TO APPLICANTS:

Federal and State Law require that all applications be considered without regard to race, religion, color, sex, age or national origin. We believe in, and fully support, the principle of equal employment opportunity, and will fulfill our obligation to the fullest.

APPLICATION FOR EMPLOYMENT

M F

NAME:

Last

First

Middle

SOCIAL SECURITY NUMBER: _____ - _____ - _____

CURRENT ADDRESS: _____

Street

City

State

Zip

HOW LONG AT PRESENT ADDRESS: _____ TELEPHONE NUMBER: _____ - _____ - _____

ALTERNATE PHONE NUMBER: _____ - _____ - _____

PREVIOUS ADDRESS: _____

Street

City

State

Zip

HOW LONG: _____

POSITION APPLYING FOR: _____

FULL-TIME PART-TIME TEMPORARY / SEASONAL

RATE OF PAY EXPECTED TO START: \$ _____

HOW DID YOU HEAR OF THIS POSITION? _____

HAVE YOU WORKED FOR US BEFORE: NO YES → When/How Long? _____

LIST ANY SPECIAL SKILLS YOU HAVE FOR THE POSITION(S) APPLIED FOR ABOVE:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES

IF YES, LIST CONVICTIONS: _____

LIST ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE IN THE SPACE BELOW:

EXPLAIN ANY SPECIALIZED TRAINING, ADDITIONAL SCHOOLING OR EDUCATIONAL AWARDS: _____

<h2>EDUCATIONAL HISTORY</h2>

HIGH SCHOOL: _____

ADDRESS: _____

GRADE COMPLETED:

9 10 11 12

GRADUATED:

Yes No

DEGREE/MAJOR: _____

DEGREE/MAJOR GRADE POINT AVERAGE: _____

COLLEGE: _____

ADDRESS: _____

GRADE COMPLETED:

9 10 11 12

GRADUATED:

Yes No

DEGREE/MAJOR: _____

DEGREE/MAJOR GRADE POINT AVERAGE: _____

OTHER: _____

ADDRESS: _____

Street

City

State

Zip

GRADE COMPLETED:

9 10 11 12

GRADUATED:

Yes No

DEGREE/MAJOR: _____

DEGREE/MAJOR GRADE POINT AVERAGE: _____

EMPLOYMENT HISTORY

1

COMPANY NAME: _____

ADDRESS: _____

Street

City

State

Zip

CONTACT NAME & NUMBER: _____

JOB TITLE:

DATES:

SALARY:

From

To

Beginning

Ending

REASON FOR LEAVING: _____

2

COMPANY NAME: _____

ADDRESS: _____

Street

City

State

Zip

CONTACT NAME & NUMBER: _____

JOB TITLE:

DATES:

SALARY:

From

To

Beginning

Ending

REASON FOR LEAVING: _____

3

COMPANY NAME: _____

ADDRESS: _____

Street

City

State

Zip

CONTACT NAME & NUMBER: _____

JOB TITLE

DATES:

SALARY:

WORK REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER

(FOR EMPLOYER USE ONLY) ---- REFERENCE CHECKED

NAME	ADDRESS	TELEPHONE NUMBER

APPLICANT – READ & SIGN

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and credit reporting financial records, employing investigative or credit bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

Signature of Applicant

Date