

The Community Wellness Project
906 Olive Street, Suite 1220
St. Louis, MO 63101
Telephone: (314) 421-9600 (314) 421-9603 Fax
Email: cwp_group@yahoo.com

Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE: _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip Code

How Long _____ Social Security Number _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/Hours available to work:
 No Preference Thursday
 Monday Friday
 Tuesday Saturday
 Wednesday Sunday

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL-OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus./Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

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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DO YOU HAVE A DRIVER'S LICENSE Yes No

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____ Operator Commercial Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

OFFICE ONLY

Typing Yes No _____ WPM Word Processing Yes No _____ WPM

10-Key Yes No Personal Computer Yes No PC Mac

Please list two references other than relatives or previous employers.

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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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip code Telephone Number	Name of last supervisor	Employment dates	Pay or Salary
		From	Start
		To	Final
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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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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 Community Wellness Project permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release The Community Wellness Project from any liability as a result of such contract.

I understand that, in connection with the routine processing of my application, The Community Wellness Project 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 Community Wellness Project 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 there shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my relationship with The Community Wellness Project is terminable at will for any reason by either party.

Signature of applicant _____ Date _____

The Community Wellness Project 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.

