



**Neighborhood House**  
OF MILWAUKEE

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Last Name:		First Name:		Middle Name:	Social Security Number:
Street Address:			City/State:		Zip Code:
Home Phone:		Cell Phone:		Other Phone:	
Email:			Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Desired:			Full Time or Part Time:		Wage/Salary Desired:
How did you hear about this position (be specific)?			Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what position?		
Date your available to start?			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list your current age:		

### - General Information -

List any job-related training, skills or accomplishments, including military service:

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List any certification(s) / licensure held:

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### - Education History -

Name and Location of School	Years Attended	Did you graduate	If yes, date of graduation	Degree Received	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School or Training		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?  Yes  No

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
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Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

**- Provide Three Professional References That We May Contact -**

Name and Occupation	How do you know them, and for how long?	Phone Number

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, drug test, and driver license check, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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**Do Not Write Below This Line**

Interviewed By:	Date:
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Remarks:

Ability:	Character:			
Hired:	Dept.:	Position:	Supervisor:	Salary/Wage: