



Where Family Matters

EMPLOYMENT APPLICATION

Martha Lloyd Community Services is an affirmative action/equal opportunity employer.

- INSTRUCTIONS • Type or print, using BLACK or BLUE ink
- If you need additional space, attach a supplemental sheet
 - Sign the completed application

GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		PHONE NO. - DAY ()	PHONE NO. - EVENING ()
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS		ALTERNATE PHONE NO. ()	BIRTHDATE, IF UNDER 18
HAVE YOU PREVIOUSLY WORKED FOR MARTHA LLOYD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	DO YOU HAVE A VALID PA OR NY DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION MAY BE TAKEN INTO ACCOUNT.			

POSITION

TYPE OF POSITION APPLYING FOR:		NAME OF MLCS EMPLOYEE WHO HAS REFERRED YOU:	
DATE AVAILABLE	POSITION DESIRED <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> SUBSTITUTE	SHIFT AVAILABILITY- FIRST SECOND THIRD WEEKENDS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SALARY EXPECTED \$

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your resume, please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()	
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()	
POSITION DESCRIPTION				

EMPLOYMENT RECORD CONTINUED

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

EDUCATION & TRAINING

COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE

LIST LICENSES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT MARTHA LLOYD.

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE	MAILING ADDRESS	PHONE

EMERGENCY CONTACT

NAME	PHONE NUMBER

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

I hereby authorize investigation of all statements contained in this application and on my resume, if provided.

I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, SEXUAL PREFERENCE, RELIGION, CREED, OR DISABILITY.

Employment is contingent upon furnishing evidence of identity and employment eligibility.

Revised June 2011