

# Angels In Mission

Contact: Storm Ross  
Phone: (330) 639-8717

# Job Application

## Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current CPR/ First Aid certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a driver's license?		Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?				If yes, please explain:			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			

## Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

## Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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Schedule availability

Cross out time slots when you ARE NOT available. X  
Place a check mark in the time slots when you would prefer to work. ✓  
\*Leaving a time slot blank means you are available, but it is not preferred.

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
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9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							