



# EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

Key Peninsula Community Services an Equal Opportunity Employer.

| Personal Information   |             |             |        |                 |
|--|-------------|-------------|--------|-----------------|
| Last Name:   |             | First Name: |        | Middle Initial: |
| Other names you are known by?  |             | Address:    |        |                 |
| City:  | State:      | Zip:        | SSN:   |                 |
| Home Phone:  | Cell Phone: |             | Email: |                 |
| Position Applying For:   |             |             |        |                 |
| Are you legally eligible for employment in the U.S.?    Yes _____ No _____   |             |             |        |                 |
| Have you ever been convicted of any offense involving drugs, narcotics, fraud, theft, inflicting bodily harm or other felony?    No ____ Yes ____    If yes, give date and conviction: |             |             |        |                 |
| Note: A conviction does not necessarily bar an applicant from employment   |             |             |        |                 |

| Education   |                             |                             |                   |                    |
|---|-----------------------------|-----------------------------|-------------------|--------------------|
|   | Name and Location of School | Circle Last Years Completed | Did you Graduate? | Degree/Certificate |
| High School                                       |                             | 1 2 3 4                     | Y N               |                    |
| College   |                             | 1 2 3 4                     | Y N               |                    |
| Post College                                      |                             | 1 2 3 4                     | Y N               |                    |
| Other   |                             | 1 2 3 4                     | Y N               |                    |
| List skills relevant to the position applied for: |                             |                             |                   |                    |

| Record of Employment    Start with most recent employer. Please complete record of employment even if you attach a resume. |               |   |       |  |
|--|---------------|---|-------|--|
| <b>Current/Most Recent Employer</b>  | Company Name: |   | From: |  |
|  |               |   | To:   |  |
| Address:   | City:         | State:  | Zip:  |  |
| Supervisor's Name & Title:   |               | Telephone:<br>May we contact?    Yes _____ No _____ |       |  |
| Position Held:   |               | Salary or Hourly Rate:                              |       |  |
| Reason For Leaving:  |               |   |       |  |

**Record of Employment (Continued)**

|                               |               |  |      |
|-------------------------------|---------------|--|------|
| <b>Next Previous Employer</b> | Company Name: | From:  |      |
|                               |               | To:  |      |
| Address:                      | City:         | State:   | Zip: |
| Supervisor's Name & Title:    |               | Telephone:<br>May we contact? Yes _____ No _____ |      |
| Position Held:                |               | Salary or Hourly Rate:                           |      |
| Reason For Leaving:           |               |  |      |
| <b>Next Previous Employer</b> | Company Name: | From:  |      |
|                               |               | To:  |      |
| Address:                      | City:         | State:   | Zip: |
| Supervisor's Name & Title:    |               | Telephone:<br>May we contact? Yes _____ No _____ |      |
| Position Held:                |               | Salary or Hourly Rate:                           |      |
| Reason For Leaving:           |               |  |      |
| <b>Next Previous Employer</b> | Company Name: | From:  |      |
|                               |               | To:  |      |
| Address:                      | City:         | State:   | Zip: |
| Supervisor's Name & Title:    |               | Telephone:<br>May we contact? Yes _____ No _____ |      |
| Position Held:                |               | Salary or Hourly Rate:                           |      |
| Reason For Leaving:           |               |  |      |

**Applicants Certification and Agreement**  
Please read carefully.

I hereby authorize Key Peninsula Community Services (KPCS) to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by KPCS to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of KPCS. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand filling out this form does not indicate there is a position open and does not obligate KPCS to hire me.

**In consideration of my employment I agree to conform to the rules and policies of Key Peninsula Community Services. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Key Peninsula Community Services at any time without prior notice for any reason.**

|       |            |
|-------|------------|
| Date: | Signature: |
|-------|------------|