Employment Application

COBYS FAMILY SERVICES

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, or national origin.

PERSONAL INFORMATION   Date _____

Name _____
          Last   First   Middle

Present Address _____
              Street   City   State   Zip

Permanent Address _____
              Street   City   State   Zip

Primary Phone _____   Secondary Phone _____

Email Address _____   Are you at least 21 years of age? Yes   No

Referred by _____

EMPLOYMENT DESIRED

Position _____   Start Date _____   Salary Desired _____

Have you ever applied to COBYS before?_____ Position?_____When? _____

EDUCATION

	Name and location of school	# of years completed	Did you graduate?	Subjects studied and degree(s) received
High School			Yes / No	
College or University			Yes / No	
Other Formal Education			Yes / No	

FORMER EMPLOYERS: List below your last four employers, beginning with the most recent.

Date (Month/Year)	Name, Address and Phone Number of Employer	Position	Reason for Leaving
From / To			
From / To			
From / To			
From / To			

REFERENCES: Please provide two professional references and one personal reference. References shall be from people who have known you for at least one year. No relatives, please.

Name	Email Address	Relationship	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I hereby authorize the release to COBYS Family Services of any and all information relative to my employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for re- employment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

_____   _____
Signature of Applicant   Date