



Associates For Renewal In Education, Inc.

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL	Last Name		First	Middle	Date		
	Present Address				Home Phone	Business Phone	
	City, State, Zip				Email Address		
	Permanent Address			City, State, Zip		Social Security No.	
	Have you ever applied for employment with us? • Yes • No If Yes: Month & Year _____ Position: _____				Pay Expected		
	Position Desired				Will you work overtime if asked? • Yes • No		
	Are you legally eligible for employment in the United States?				When will you be available to begin work?		
	Other special training or skills (languages, machine operation, etc.)						
	How did you learn of our organization?						

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College					
	High					
	Elementary					
	Other					

MEMBERSHIPS	MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Excludes those which may disclose your race, color, religion or national origin)

The Brenda Strong Nixon Community Complex
45 P Street, NW, Washington, DC 20001

EMPLOYMENT
(Please Attach Resume)

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

R E F E R E N C E S	Give below the names of three persons not related to you, whom you have known at least one year.			
	NAME	TITLE	PHONE NUMBER	YEARS ACQUAINTED

We may contact the employers listed above unless you indicate those you do not us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
5			

T E S T	R E S U L T S	TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W	R E S U L T S	INTERVIEWER NAME AND COMMENTS

HIRED FOR: _____	STARTING DATE: _____
NAME OF PROJECT	
POSITION: _____	SALARY: _____
APPROVED BY: _____	DATE: _____
DIVISION / PROJECT DIRECTOR	

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COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Branch of Service
Period of Active Duty (Month & Year) From To
Rank at Discharge
Date of Final Discharge

Describe your duties and any special training

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Provide dates you attended school	<input type="checkbox"/>	Height
	Elementary: From: To:		_____ Ft. _____ In.
	High School: College: From: To:		Weight _____ lbs.
<input type="checkbox"/>	Other: (Give name and dates)	<input type="checkbox"/>	Sex ● Male ● Female
<input type="checkbox"/>	Marital Status: Dependents: _____	<input type="checkbox"/>	Date of Birth
	● Single ● Separated ● Engaged ● Divorced ● Married ● Widowed	<input type="checkbox"/>	Are you a U.S. Citizen ● Yes ● No
<input type="checkbox"/>	What was your previous address?	<input type="checkbox"/>	How long at present address? _____ Years
	Are you over 18 years of age? ● Yes ● No If not, employment is subject to verification of minimum legal age.	<input type="checkbox"/>	How long at previous address? _____ Years
<input checked="" type="checkbox"/>	Have you ever been bonded? ● Yes ● No If Yes, with what employers?		
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ● Yes ● No If Yes, describe in full.		
<input checked="" type="checkbox"/>	State names of relatives and friends working for us other than your spouse.		
<input checked="" type="checkbox"/>	Were you ever injured? Give Details.		
<input checked="" type="checkbox"/>	Have you any defects in hearing? In Vision? In Speech?		
<input checked="" type="checkbox"/>	Have you physical defects which preclude you from performing certain jobs? ● Yes ● No If Yes, describe limitation.		
<input checked="" type="checkbox"/>	In case of Emergency Notify : Name	Address	City, State Zip Phone Number

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage in investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide me at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ _____
Date Signature