



PROJECT WOMAN

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Project Woman provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age disability or genetics. In addition to federal law requirements, Project Woman complies with applicable state and local laws governing nondiscrimination in employment in every location in which the agency has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation and training.



PROJECT WOMAN

525 E. Home Rd., Springfield, Ohio 45503
937-328-5308 (P) * 937-328-5324 (F)
jrose@projectwomanohio.org

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Project Woman considers all applicants without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities. Veteran/reserve/National Guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary ONLY basis and is not used for interview purposes. It is to be filed separately from the employment application. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action.

This survey is NOT a part of your official application for employment and will not be used in hiring decisions. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for: _____ Date: ____/____/____
(PLEASE PRINT)

Referral Source

___ Walk-in ___ Governmental Employment Agency ___ Private Employment Agency
___ Employee ___ Relative ___ School
___ Advertisement – Source: _____

Name of person that referred you (if applicable): _____

Applicant Information (Please print)

Name: _____ Phone: _____
LAST FIRST MI

Address: _____
Street City St. Zip

___ Male ___ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

___ White (not of Hispanic origin) ___ Black (not of Hispanic origin) ___ Hispanic
___ Native American/Alaskan Native ___ Asian/Pacific Islander ___ Other

For Administrative Use Only

Position(s) applied for: ___ Available ___ Not Available Hired? ___ Yes ___ No

Other position considered for: _____

Position hired for (if applicable): _____ DOH: _____

EEOC Classification:

___ Officials and Managers ___ Sales workers ___ Operatives (semi-skilled)
___ Professionals ___ Office and Clerical ___ Laborer (unskilled)
___ Technician ___ Craft worker (skilled) ___ Service worker

Completed by: _____ Date: _____



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INFORMATION RELEASE AUTHORIZATION

Date: ____/____/____

To Whom It May Concern:

_____ has applied for employment with
Project Woman of Ohio and has listed you as a previous employer. We ask that you verify the information
below and return it via fax or email (see above for contact Information).

Employment dates: _____ to _____ **Position:** _____

Reason for leaving: _____

	POOR	FAIR	GOOD	VERY OOD	EXCELLENT
ATTENDANCE					
DEPENDABILITY					
QUALITY OF WORK					
PROFESSIONALISM					
COMMUNICATION					

Would you rehire this person? _____ YES _____ NO

If 'NO', can you elaborate?

Thank you for your assistance.

Your Name (Please Print)

Your Title

Your Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information requested on this form. I also release the company/person listed above from all liability in providing any type of reference information.

Applicant signature: _____ Date: ____/____/____

Last 4 of SSN: _____