



# APPLICATION FOR EMPLOYMENT

## FAR Therapeutic Arts and Recreation

PERSONAL INFORMATION			
Last Name :	First:	MI:	Today's Date:
Address:			SSN#:
Primary E-mail:			Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone		Work Telephone	
Have you ever interviewed with this company or its affiliates before? If yes, provide date(s), location(s), and position(s) applied for:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this company or its affiliates? If yes, provide date(s), location(s), and position(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by this company or its affiliates? If yes, provide name(s), location(s), and position(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED						
Position Applied for:				Desired Pay:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date available to start:		
How did you hear about this position?						
Are you applying for: (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary						
What times are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION				
	Name & Address	Date Graduated/ Level Completed	Major Studied	Degree/Diploma License/Certificate
High School:				
College:				
Graduate School:				
Vocational /Other:				

FAR is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

MILITARY			
Branch	Dates of Service	Final Rank	Assignment

Are you currently a member of the Nation Guard?  Yes  No

SKILLS		
( all skills below may not be necessary for position applied for)		
Drivers license #:	State:	Type:
Typing Skills: Please list WPM:	Foreign Languages:	
Please Describe Computer skills ( word, excel, Quickbooks etc):		

EMPLOYMENT HISTORY				
Please list employment record, starting with the most recent				
Employer Name	Address & Phone Number	Dates	Job Title	Duties & Responsibilities
Reason for Leaving		Salary	Supervisor Name & Title	

Employer Name	Address & Phone Number	Dates	Job Title	Duties & Responsibilities
Reason for Leaving		Salary	Supervisor Name & Title	

EMPLOYMENT HISTORY CONT.				
Employer Name	Address & Phone Number	Dates	Job Title	Duties & Responsibilities
Reason for Leaving		Salary	Supervisor Name & Title	

Employer Name	Address & Phone Number	Dates	Job Title	Duties & Responsibilities
Reason for Leaving		Salary	Supervisor Name & Title	

REFERENCES			
Please provide three references (not relatives or previous employers)			
Name:	Address:	Phone	
		Relationship:	
		Years known:	
Name:	Address:	Phone	
		Relationship:	
		Years known:	
Name:	Address:	Phone	
		Relationship:	
		Years known:	

FAR is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

**GENERAL**

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, explain:

If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.?

Yes  No

**APPLICANT'S STATEMENT**

I understand and agree to the following:

I understand that FAR follows an "at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law: this "at-will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the authorized executive of Far Conservatory of Therapeutic and Performing Arts.

I understand that this application is not a contract of employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant:

Date: