



3300 Parkway St. NW | Canton, Ohio | 44708

**Employment Application for:**

\_\_\_\_\_ **Administrative Offices**    \_\_\_\_\_ **Food Service**    \_\_\_\_\_ **JRC Adult Day Center**

**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**

*Please list three professional references.*

|           |  |              |  |
|-----------|--|--------------|--|
| 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