



## APPLICATION OF EMPLOYMENT

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.*

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. Please attach your resume.

### PERSONAL INFORMATION

First Name	Middle Name	Last Name
Street Address	City	State & Zipcode
Home Phone Number	Cellphone Number	Other
Race/Ethnicity	Gender	
	Male	Female      Other
How did you hear about this position?		

### POSITION INFORMATION

Position Applying For
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(Please check which apply)

Full Time	Part Time
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(Please fill in your weekly availability)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	



(Please check all that apply)

	Yes	No
Are you authorized to work in the U.S. on an unrestricted basis?		
Have you ever been convicted of a felony? If yes, explain.		
Are you a citizen of the U.S.? If no, do you have a proper documentation?    Yes    No		
Are you currently active in the U.S. Military?		
Are you a U.S. Veteran?		

### EDUCATION/QUALIFICATIONS

(Please list any education or training you have completed or may related to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs as well as military training.)

School Name	Degree	Address, City, State
School		
School		
Other		

**Special Skills** (Please list any special skills or experiences that you feel would help you in the position that you are applying for (Leadership, organization/teams, etc.)



### REFERENCES

(Please list three professional references not related to you, with full name, address, phone number, and relationship. IF you don't have three professional references, then list personal, unrelated references.)

Name	Address ,City, State	Phone	Relationship

### WORK HISTORY

(Start with your present or most recent employment and work backwards. Use separate sheet if necessary. INCLUDE PAID AND UNPAID POSTIONS)

<b>Job Title #1 (Current/Most Recent)</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties and Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #2</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties and Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

W.A.V.E of Life  
 Willissae's Agency For Vision  
 & Empowerment



134 Highland Avenue  
 Pittsburgh, PA 15206  
 2<sup>nd</sup> Floor Suite 2B-1

<b>Job Title #3</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties and Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #4</b>	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties and Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary



## TERMS & CONDITIONS

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize **W.A.V.E** to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades.

I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its respective persons, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause.

With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right.

Moreover, no agent, representative, or employee of **W.A.V.E**, except in a specific written contract of employment signed on behalf of the organization by its respective persons, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE