



## Employment Application

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, or national origin.*

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Referred by \_\_\_\_\_ Are you at least 21 years of age? YES  NO

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied to COBYS before? \_\_\_\_\_ Position? \_\_\_\_\_ When? \_\_\_\_\_

### EDUCATION

	Name and location of school	# of years completed	Did you graduate?	Subjects studied and degree(s) received
High School		1 2 3 4	YES	
			NO	
College or University		1 2 3 4	YES	
			NO	
Other Formal Education		1 2 3 4	YES	
			NO	

(over)

**FORMER EMPLOYERS:** List below your last four employers, beginning with the most recent.

Date (Month/Year)	Name, Address and Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES:** Please provide two professional references and one personal reference. References shall be from people who have known you for at least one year. No relatives, please.

Name	Address	Phone Number	Relationship	Years Acquainted
		H: W:		
		H: W:		
		H: W:		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period of time unless expressly stated otherwise. I understand the relationship between COBYS Family Services and its personnel is at all times "employment at will," unless expressly stated otherwise in a contractual agreement. "Employment at will" means the employment relationship may be discontinued by COBYS or the employee at any time, with or without cause.

I hereby authorize the release to COBYS Family Services of any and all information relative to my employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for re-employment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

COBYS provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, national origin, age, disability, citizenship, sexual orientation, or any other legally protected basis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date