



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 _____
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

Email Address _____

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		
College or University		1	2		
		3	4		
Other Formal Education		1	2		
		3	4		

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 and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. 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.

Signature of Applicant

Date