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| **POSITION FOR WHICH****YOU ARE APPLYING:**  |  |
| Check **all** that you may be interested in: Full-Time [ ]  Part-time [ ]  Contractual [ ]  Student Internship [ ]  Volunteer [ ]   |
| Last Name        | First Name        | Middle Initial       |
| Mailing Address        | City        |
| State        | Zip       | Cell Telephone No.       | Home Telephone No.        | Alternate Phone No.         | E-Mail Address      |
| Driver’s License #       | State      | Expiration Date       | License Class      Endorsement       |
| Have you been charged or convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits).*Nature of Offense*  *Name & Location of Court Date*  | **(Inaccurate information here will result in disqualification.)** [ ]  Yes [ ]  No |
|        |        |        |  |
| Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*         | [ ]  Yes [ ]  No |
| Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. *Employer* *Date and Reason*   | [ ]  Yes [ ]  No |
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| If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.  | [ ]  Yes [ ]  No |
|  Business References (at least 2 individuals who have supervised you) | For Office Use Only:Date and Time ReceivedAccepted by: [ ] |
| Name | Telephone Number |  |
|       |       |  |
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| EDUCATION AND TRAINING |
| **ELEMENTARY AND HIGH SCHOOL EDUCATION** |
| Highest Grade Completed (choose one)[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6[ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 | Did you graduate or obtain a GED?[ ]  YES [ ]  NO | Name and Location of Last School Attended(High School, Junior High or Elementary) |
| Name: Location (city and state):  |
| **RELATED SPECIAL TRAINING (BUSINESS, ARMED FORCES, TRADE SCHOOLS, ETC.)** |
| Names and Locations of School(city & state) | Dates Attended (Mo & Yr) | Courses/Subjects Completed | Credit Hours | Diplomas/CertificatesReceived |
| From | To |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)** ***\*\*Must be from an accredited college/university\*\**** |
| Names and Locations of School(s)(city & state) | Dates Attended (Mo & Yr) | Type of Degree Earned  | Major | Minor |
| From | To |
|       |       |       |       |       |       |
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| **RELATED LICENSES**  |
| Professional License Issued By | Field/Trade Specialization | License Number | IssueDate | Expiration Date |
|       |       |       |       |       |
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| **EMPLOYMENT HISTORY** |
| May we contact your present employer? YES [ ]  NO [ ]  |
| **1** | Starting Datemonth / day / year      | Ending Datemonth / day / year      | Employer/Company Name and address **(city and state are required)**       |
| [ ]  Paid Work [ ]  Volunteer | Hours per Week      | Name & Title of Immediate Supervisor        | Telephone Number       |
| Reason for Leaving       |
| Title of Position Held       | Number & Job Title of Employees you Supervised      |
| List job responsibilities  |
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| **2** | Starting Datemonth / day / year      | Ending Datemonth / day / year      | Employer/Company Name and address **(city and state are required)**       |
| [ ]  Paid Work [ ]  Volunteer | Hours per Week      | Name & Title of Immediate Supervisor        | Telephone Number       |
| Reason for Leaving       |
| Title of Position Held       | Number & Job Title of Employees you Supervised      |
| Describe job responsibilities in order of importance: |
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| **3** | Starting Datemonth / day / year      | Ending Datemonth / day / year      | Employer/Company Name and address **(city and state are required)**       |
| [ ]  Paid Work [ ]  Volunteer | Hours per Week      | Name & Title of Immediate Supervisor        | Telephone Number       |
| Reason for Leaving       |
| Title of Position Held       | Number & Job Title of Employees you Supervised      |
| Describe job responsibilities in order of importance: |
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| **4** | Starting Datemonth / day / year      | Ending Datemonth / day / year      | Employer/Company Name and address **(city and state are required)**       |
| [ ]  Paid Work [ ]  Volunteer | Hours per Week      | Name & Title of Immediate Supervisor        | Telephone Number       |
| Reason for Leaving       |
| Title of Position Held       | Number & Job Title of Employees you Supervised      |
| Describe job responsibilities in order of importance: |
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| **5** | Starting Datemonth / day / year      | Ending Datemonth / day / year      | Employer/Company Name and address **(city and state are required)**       |
| [ ]  Paid Work [ ]  Volunteer | Hours per Week      | Name & Title of Immediate Supervisor        | Telephone Number       |
| Reason for Leaving       |
| Title of Position Held       | Number & Job Title of Employees you Supervised      |
| Describe job responsibilities in order of importance: |
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| **CONDITIONS OF EMPLOYMENT STATEMENT** |
| Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Kellin Foundation the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Kellin Foundation by schools and other education institutions that I have attended.I understand that the completion of this application does not assure me of a position with the Kellin Foundation and does not obligate the Kellin Foundation to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal**. I understand that this application, exam documents and attachments become a part of the Kellin Foundation records and will not be returned, reused or copied for me once submitted.  |
| By my signature, I certify, authorize and acknowledge the above statements. |
|  |       |       |
| Signature | Date | Social Security Number |
| (Unsigned applications will not be considered) |  |  |