

Japanese American Service Committee 4427 N. Clark Street Chicago, IL 60640

Employment Application

Applicant Information									
Full Name:				Date:					
	Last	First		М.І.					
Address:	Street Address				Apartment/Unit #				
					·				
	City			State	ZIP Code				
Phone:			Email						
Date Availat	ole: Soc		Desired Salary: <mark>\$</mark>						
Position Applied for:									
Are you a citizen of the United States?			YES NO If no, are you authorized to work in the U.S.? \Box						
Have you ever worked for this company?			If yes, when	?					
Have you ev	er been convicted of a felony	YES NO ?							
If yes, explain:									
Education									
High School	High School: Address:								
From:	To:	Did you graduate?	YES NO	Diploma:					
College:		Address:							
From:	To:	Did you graduate?	YES NO	Degree:					
Other:		Address:							
From:	To:	Did you graduate?	YES NO	Degree:					
References									
Please list three professional references.									
Full Name:	Full Name: Relationship:								
Company: Phone:									

Address:						
Full Name:				Relationship:		
Company:				Phone:		
Address:						
ull Name:				Relationship:		
Company:				Phone:		
Address:						
	Previous E	Employme	ent			
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
Responsibiliti	ies:					
From:	То:	Reason for Leaving:				
May we conta	act your previous supervisor for a reference?	YES	NO □			
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
Responsibiliti	ies:					
From:	То:	Reason for Leaving:				
May we conta	act your previous supervisor for a reference?	YES	NO □			
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
Responsibiliti	ies:					
From:	То:	Reason for Leaving:				
May we contr	act your previous supervisor for a reference?	YES	NO			

Military Service							
Branch:	From:	То:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Authorization							
"I certify that my answers are true and complete to the best of my knowledge and understad that, if employed, falsified statements on this application may be grounds for dismissal.							
I authorize investigation of all statements contained herein and the references and employers listed abve to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.							

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature:

Date:_____