

Previous Work Experience

(1) Employer Name: _____ Position: _____
 Address : _____ Phone: () _____
 Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
 Supervisor Name and Title: _____
 Summary of Duties: _____
 Reason For Leaving: _____

(2) Employer Name: _____ Position: _____
 Address : _____ Phone: () _____
 Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
 Supervisor Name and Title: _____
 Summary of Duties: _____
 Reason For Leaving: _____

(3) Employer Name: _____ Position: _____
 Address : _____ Phone: () _____
 Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
 Supervisor Name and Title: _____
 Summary of Duties: _____
 Reason For Leaving: _____

Professional References

Name	Address	Phone	Years	Occupation
(1)				
(2)				
(3)				

Applicant Statement and Signature (Please read, complete, sign and date. * Attach to resume as directed on pg 1)**

Are you a U.S. Citizen or a Alien authorized to work in the U.S.? Yes No

* I certify that the facts contained in this application and my resume are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or my resume shall be grounds for dismissal.

* I authorize investigation of all statements and references listed in this application and my resume to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for damage that may result from furnishings given to you.

*If there are any listed that I do not give permission to talk with, it is the my responsibility to inform WMFC that they do not have permission to speak with that previous employer/reference.

* I understand and agree that, if hired, my employment is for no definite period and that I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

*I give West Midland Family Center permission to obtain police and DHS records on myself:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Alias: _____

Applicant Signature: _____ Date: _____

*****If you are interviewed, you will be asked for your driver's license at your interview*****

General Release of Information Form (Please read, complete, sign and date)

I hereby give permission for any of the following to freely release any information about me without threat of liable or slander charges arising out of such release. This permission of release of information will be in effect for 30 days from the date I signed this form.

Note to applicant: Initial all those that you are willing to release.

Any organization listed on the resume I submitted for employment consideration.

All employers past and current, including any and all co-workers.

All personal and professional references I provided.

Any and all law enforcement agencies.

Any and all teachers, administrators or other school personnel affiliated with the colleges or universities listed on my resume.

People or Organizations that this release DOES NOT cover:

You DO NOT have my permission to talk to any of the following people or organizations that I have listed here:

1. _____

2. _____

Printed Name of Applicant: _____

Address: _____

Signature: _____ Date: _____

