



THE GEORGE WASHINGTON FOUNDATION

APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment practices on account of race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or handicap.

First Name, Middle Initial, Last Name: _____ Date: _____

Present Address (Include Street, City, State and ZIP Code): _____

Telephone: _____ Email Address: _____

Are you 16 years of age or older? _____ If under 16, do you have a work permit? _____

Are you legally employable within the United States at the present time? _____

Are you employed now? ____ Yes ____ No May we contact your present employer? ____ Yes ____ No

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please explain: _____

Position(s) Applied For: _____

Referred By: _____

What brought you to this organization?

- Newspaper ad
- Employment Agency
- School
- State Employment. Service
- Friend/employee
- On my own
- Other source

Are you available to work: ____ Full-time ____ Part-time ____ Weekends

Earliest start date: _____ Salary Desired: _____

Do you have a valid driver's license? ____ Yes ____ No If yes, what state: _____

Work Experience ~ Account for all employment since high school or last 10 years, whichever is less, with most recent experience first.

From Mo./Yr.	To Mo./Yr.	Employer Name/ Address	Position Held	Salary Beg.	Salary End	Reason for leaving

Special Skills and Professional Certifications (fill in only if job related): _____

Education (beginning with High School):

Name of Institution	Address	Course of Study	Graduate? If Yes, state degree

Personal Reference: Give the name, address, and telephone number of three professional references other than current employer.

Name	Address	Relationship	Telephone #

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. I further understand and agree that any employment will be at the sole discretion of the organization.

I acknowledge that I have read the above statement and understand the same.

Applicant's Signature _____ **Date** _____