

APPLICATION FOR EMPLOYMENT

Project Touch, Inc.



6741 Pembroke Road
Pembroke Pines, FL 33023

Hire Date: ___/___/___
Pay Rate: \$_____ per _____
Position: _____
Location: _____
F/T or P/T

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Name _____ Date of Birth ___/___/___ Phone #s _____

Address _____ Social Security #: _____

City _____ State _____ Zip _____ E-mail address _____

Are you at least 18 years of age? Yes No If hired, can you furnish proof of age? Yes No

If you have ever been employed under a different name, please state name(s) _____

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No (Proof of Eligibility to work in the U.S. will be required to begin employment.)

Name, address and phone # of someone who will always be able to reach you: _____

Are you related to anyone now associated or formerly associated with Project Touch? Yes No

Name of relative (if yes) _____

How did you learn about the opportunities at Project Touch? _____

Have you ever been dismissed or asked to resign from a job? Yes No If yes, state details: _____

Have you ever been convicted of, or have you entered a plea of guilty or nolo contendere, to any felony or misdemeanor criminal charge, including one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole? Yes No

If yes, state details: _____

Have you had a "Probable Cause" or "Reason to Suspect" finding for child abuse or neglect from a local or state child welfare agency? Yes No

If yes, state details: _____

Are you licensed to drive a car? Yes No Driver License #: _____

Class (type) of License: Operator Chauffeur Other _____

EDUCATIONAL BACKGROUND

NAME/ADDRESS OF HIGH SCHOOL	COURSE OF STUDY	DATES ATTENDED	GRADUATION DATE
_____ _____ _____	_____	From _____ To _____	___/___/___
NAME/ADDRESS OF COLLEGE	MAJOR:	DATES ATTENDED	GRADUATION DATE
_____ _____ _____	Degree: _____ _____	From _____ To _____	___/___/___
NAME/ADDRESS OF GRADUATE, BUSINESS OR OTHER SCHOOL	COURSE OF STUDY	DATES ATTENDED	GRADUATION DATE
_____ _____ _____	Degree: _____ _____	From _____ To _____	___/___/___

EMPLOYMENT EXPERIENCE

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.
Complete addresses must be provided to process application.*

#1 Employer		Date Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address	Phone ()			
City, State, Zip		Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Job Title Supervisor				
Reason for Leaving				Part Time Full Time (Circle One)
#2 Employer		Date Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address	Phone ()			
City, State, Zip		Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Job Title Supervisor				
Reason for Leaving				Part Time Full Time (Circle One)
#3 Employer		Date Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address	Phone ()			
City, State, Zip		Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Job Title Supervisor				
Reason for Leaving				Part Time Full Time (Circle One)
#4 Employer		Date Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address	Phone ()			
City, State, Zip		Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Job Title Supervisor				
Reason for Leaving				Part Time Full Time (Circle One)

Military Service:

Dates _____ to _____ Branch of Service _____ Rank or Grade _____ Type of Discharge _____

REFERENCES (Do not list relatives or previous employers. All Addresses must be complete)

<u>Name</u>	<u>Day Phone</u>	<u>Evening Phone</u>	.	
<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	.
<u>Type of Relationship</u>	<u>Email Address</u>			.
<u>Name</u>	<u>Day Phone</u>	<u>Evening Phone</u>	.	
<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	.
<u>Type of Relationship</u>	<u>Email Address</u>			.

APPLICANT'S STATEMENT

I hereby affirm that my answers to the foregoing questions are true and correct.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, given two weeks notice with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I consent to a criminal record review conducted by a law enforcement agency. I further consent to a check with the Child Abuse and Neglect unit or other appropriate agency.

Signature of Applicant _____

Date