

Application for Employment

The JCCGW is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the JCCGW.

Position Applied For: _____

Date of Application: _____

Type of Work:

Full-time Part-time Contract Session

How did you hear about us? _____

Application Information			
First Name		Middle	Last Name
Street Address		City	State Zip Code
Home Phone		Cell Phone	E-mail Address
Have you ever been employed with us before? If Yes, provide dates: _____			Yes No
Are you over the age of 18? (If under 18, subject to verification of minimum legal age).			Yes No
If hired, would you be able to present evidence of your U.S. citizenship or eligibility to work in the U.S.?			Yes No
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodations?			Yes No
If no, describe the function that cannot be performed.			
Have you ever been convicted of a criminal offense - felony or misdemeanor?			Yes No
If yes, please describe the nature of the crime(s), when and where convicted and the disposition of the case.			
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.			
I understand it is the JCCGW's policy not to refuse to hire a qualified individual with a disability because of a person's need for an accommodation that would be required by the American Disabilities Act (ADA).			
Signature			Date

REFERENCES		
List name and telephone number of three business references who are not related to you, two of which are former supervisors. If not applicable, list three school or personal references who are not related to you.		
Name	Telephone	Years Known

6125 Montrose Road, Rockville, MD 20852 • 301-348-6700

EMPLOYMENT INFORMATION				
Please list employers in date order, current or most recent first.				
Employer Name (current or most recent)	Supervisor	Phone Number		
Employer Street Address		City	State	Zip Code
Dates of Employment From _____ To _____	Job Title	Salary Start \$ _____ End \$ _____		
Responsibilities				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Supervisor	Phone Number		
Employer Street Address		City	State	Zip Code
Dates of Employment From _____ To _____	Job Title	Salary Start \$ _____ End \$ _____		
Responsibilities				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Supervisor	Phone Number		
Employer Street Address		City	State	Zip Code
Dates of Employment From _____ To _____	Job Title	Salary Start \$ _____ End \$ _____		
Responsibilities				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION INFORMATION		
High School Name	City	State
Number of Years	Year Graduated	Degree
College/University Name	City	State
Number of Years	Year Graduated	Degree
Additional Education	City	State
Number of Years	Year Graduated	Degree