



EAST END
COOPERATIVE
MINISTRY

community. transformation. hope.

Employment Application

APPLICANT DATA:

Date: _____ **Position Applied for:** _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____ Email: _____

Type of employment desired: Full-Time Part-Time Substitute, On-Call (Part-Time) Temporary Seasonal

Date Available to Start: _____ Salary Requirement: _____ Have you ever been terminated from employment? _____

If yes, when and why _____

If you are under 18 and we require a work permit, can you furnish one? Yes No If no, explain: _____

Have you ever worked for East End Cooperative Ministry (EECM)? Yes No If yes, when? _____

Have you known/do you know anyone who has worked/works for EECM? Yes No If yes, who? _____

Have you ever plead "guilty" or "no contest" to or been convicted of a crime(s)? Yes No If yes, please complete page 2 of this application.

Answering yes to the above questions does not constitute an automatic rejection to employment. Date(s) of the offense(s), seriousness and nature of the violation(s), rehabilitation and position applied for will be considered.

How were you referred to us? _____

Driver license number, if applicable to position: _____ State _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Diploma: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify my answers are true and complete to the best of my knowledge. I authorize EECM to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am/become employed by East End Cooperative Ministry, Inc., I understand that giving false or misleading information or omitting information in my application, cover letter, resume and or interview(s) may result in immediate termination of employment.

Signature of Applicant _____ **Date** _____

Please return completed application to:
East End Cooperative Ministry
6140 Station Street, Pittsburgh, PA 15206