

Employment Application

APPLICANT DATA

Date:	te: Position applied for:					
Name:						
LAST		FIRST			MIDDL	E
Address:						
STREE	Γ		CITY		STATE	ZIP CODE
Phone 1:	_ Phone 2:	E	-Mail:			
Type of employment desired:	☐ Full-Time ☐ Temporary		☐ Substitute,	On-Call (P	art-Time)
Date Available to Start:		Salary	Requirement: _			
Have you ever been terminate	ed from employn	nent? 🗆 Yes	□ No			
If yes, when and why:						
If you are under 18 and we re	quire a work peri	mit, can you furn	ish one? □ Yes	□ No		
If no, explain:						
Have you ever worked for Eas	t End Cooperativ	e Ministry (EECN	1)? □ Yes	□ No		
If yes, when?			-			
Have you known/do you knov	v anyone who ha	s worked/works	for EECM?	□ Yes	□ No	
If ves who?						

11/01/20



Have you ever plead "guilty" or "no contest" to, or been convicted of, a crime(s)? \square Yes \square No If yes, please complete page 3 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: ____ College/University: Address: _____ No. of years completed: Did you graduate? \square Yes \square No Degree: Other: _____ Address: _____ No. of years completed: _____ Did you graduate? \square Yes \square 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: STREET CITY STATE ZIP CODE Name: ______ Phone: _____ Address: _____ STREET CITY STATE ZIP CODE



CRIMINAL HISTORY BACKGROUND

Please print clearly – IF NONE, PLEASE WRITE NONE ON CHART

e:	Date:			
:s:	Maid	Maiden Name:		
Date(s) of Offense(s)	Charge(s)	Disposition of Charge(s		



SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

PREVIOUS EMPLOYMEN	NT (begin with most recent p	oosition):	
Dates of Employment:	From:	To:	
Position(s) Held:			
Phone:			
Supervisor:		Title:	
Responsibilities:			
Starting Title:			
Starting ritie		Ending Title:	

11/01/20

Reason for Leaving: _____



opportunity. transformation. hope.

Dates of Employment:	From:	То:
Position(s) Held:		
Company:		
Address:		
Phone:		
Supervisor:		Title:
Responsibilities:		
Starting Title:		Ending Title:
Reason for Leaving:		
Dates of Employment:	From:	Го:
Position(s) Held:		
Company:		
Address:		
Phone:		
Supervisor:		Title:
Responsibilities:		
Starting Title:		Ending Title:
Reason for Leaving:		



Should an interview be granted, applicant will be required to sign the following Certification:

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, resumé and or interview(s) may result in immediate termination of employment.

Signature:	
Date:	

Please return completed application to:

Daniel Deibler
East End Cooperative Ministry
6140 Station Street, Pittsburgh, PA 15206
danield@eecm.org