

Have you ever plead "guilty" or "no contest" to, or been convicted of, a crime(s)? Yes 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: _____

No. of years completed: _____ Did you graduate? Yes No Diploma: _____

College/University: _____ Address: _____

No. of years completed: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

No. 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: _____
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

Name: _____

Date: _____

Aliases: _____

Maiden Name: _____

Date(s) of Offense(s)	Charge(s)	Disposition of Charge(s)

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From: _____ To: _____

Position(s) Held: _____

Company: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

Dates of Employment: From: _____ To: _____

Position(s) Held: _____

Company: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

Dates of Employment: From: _____ To: _____

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:
Lexi Nasonti
East End Cooperative Ministry
6140 Station Street, Pittsburgh, PA 15206
lexin@eecm.org