



APPLICATION FOR EMPLOYMENT

Position Applied For	Application Date
----------------------	------------------

Last Name	First Name	Middle Initial
Address	City	State Zip
Telephone Number(s)		

If you are not a U.S. citizen, do you have the legal right to accept full time employment?	YES	NO
Have you ever been employed with ROSE CDC before?	YES	NO
Are you at least 18 years of age?	YES	NO
<small>Note: If you are age 14 through 17, you will be asked to provide proof of age</small>		
Are you available to work:	REGULAR	TEMPORARY
	Full Time Part Time	Full Time Part Time
Will you work overtime?	YES	NO
Will you travel if the job requires it?	YES	NO

EDUCATION AND TRAINING

	High School	College	Graduate/ Professional	Other
School Name				
School Address				
Years Completed				
Diploma/Degree				
Other Information regarding your education you feel may help us in considering your application.				

REFERENCES

Please list those familiar with your work history or educational background, other than relatives.

Name	Address	Phone
1.		
2.		
3.		

EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Duties/Responsibility
	From	To	
Address			
Phone			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Duties/Responsibility
	From	To	
Address			
Phone			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Duties/Responsibility
	From	To	
Address			
Phone			
Job Title	Supervisor		
Reason For Leaving			

ROSE CDC is an Equal Opportunity Employer

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION.

I certify that I have answered truthfully and have not knowingly withheld, misrepresented, or omitted any information relative to this form, my resume, or other attached materials. I understand that to do so would result in my being eliminated from any further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission may result in the immediate termination of my employment.

I understand that, if employed, I will be required to provide acceptable proof of my identity and legal authorization to work in the United States within three working days of my date of hire.

I authorize ROSE CDC to contact any of my prior employers for information about my work performance and I hereby release ROSE CDC and the prior employers from any and all liability and from any damage that may result from the release of such information.

In consideration of my employment, I agree to conform to the instructions, policies, and rules of ROSE CDC. My employment can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that I have no employment contract with ROSE CDC and that my employment with the company is at will. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period except the Executive Director.

_____ Date

_____ Signature of Applicant