



POSITION FOR WHICH YOU ARE APPLYING:							
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Contractual <input type="checkbox"/> Volunteer <input type="checkbox"/>							
Last Name				First Name		Middle Initial	
Mailing Address				City			
State	Zip	Cell Telephone No.	Home Telephone No.	Alternate Phone No.	E-Mail Address		
Driver's License #	State	Expiration Date		License Class _____		Endorsement _____	
Have you been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>						(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business References (at least 2 individuals who have supervised you)						For Office Use Only: Date and Time Received	
Name			Telephone Number				
						Accepted by: []	

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate or obtain a GED? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: Location (city and state):
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RELATED SPECIAL TRAINING (BUSINESS, ARMED FORCES, TRADE SCHOOLS, ETC.)

Names and Locations of School (city & state)	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

****Must be from an accredited college/university****

Names and Locations of School(s) (city & state)	Dates Attended (Mo & Yr)		Type of Degree Earned	Major	Minor
	From	To			

RELATED LICENSES

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
List job responsibilities					

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				
3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Kellin Foundation the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Kellin Foundation by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Kellin Foundation and does not obligate the Kellin Foundation to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.**

I understand that this application, exam documents and attachments become a part of the Kellin Foundation records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)