



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer: New Chapter does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected under applicable law.

NAME AND ADDRESS

Social Security Number		Application Date	
Last Name	First Name	Middle Initial	
Street Address			
City		State	Zip Code
Home Phone Number		Alternative Phone Number	

POSITION DESIRED

Position applied for:	Full Time: <input type="checkbox"/>	Part Time <input type="checkbox"/> – If part time, please list hours available
Salary Expected:	Date Available:	
Are you available to work whatever schedule is necessary to help us meet our Corporate objectives and our obligation to our clients? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

PERSONAL INFORMATION

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, have you ever been employed by New Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source:
Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be taken in account.
Have you ever pled "guilty" or "No contest" to, or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide date(s) and details:

EMPLOYMENT HISTORY

Employer		Date employed / To /	
Street Address	City	State	Telephone
Job Title	Compensation		
Immediate Supervisor			
Reason for leaving			

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UNDERSTANDING AND AGREEMENTS

I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal to hire or, if discovered after employment has begun, dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment may be withdrawn, or, if applicable, my employment may be terminated immediately. I agree to conform to and adhere to the rules and regulations governing my employment. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either myself or my employer.

Signature of Applicant

Date