



EMPLOYMENT APPLICATION

ASOCIACIÓN PUERTORRIQUEÑOS EN MARCHA, INC. (APM)
1900 N. 9TH STREET STE. 102
PHILADELPHIA, PA 19122
PHONE: 267-296-7200
WWW.APMPHILA.ORG
FAX: 267-291-4399

Date:

Name: SS Number:

Address:

City / State: Zip/Postal Code:

Home Phone: Cell Phone:

Positions Applied for: Salary Desired:

Full-Time Part-Time Full or Part-Time Date Available for work:

Have you ever been convicted of a crime: Yes No

If yes, please explain

Do you have a drivers license? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, when? Enter Date

Have you ever been employed with us before? Yes No

If Yes, When? Enter Date

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in this country? (Proof of eligibility is required upon employment) Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you willing to Travel? Yes No

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Professional Experience (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer:

 PC Mac Both

Applications (list all that apply):

Other Skills:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

 Yes No

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document of by conduct unless such change is specifically acknowledged in writing by an executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed By

DATE