



# Pyramid, Inc.

## Employment Application

EQUAL OPPORTUNITY EMPLOYER M/F/V/H  
DRUG TESTING REQUIRED

POSITION APPLIED FOR	SALARY REQUIRED	DATE APPLICATION FILLED OUT
LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT STREET ADDRESS		
CITY, STATE, ZIP CODE		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		
CITY, STATE, ZIP CODE		

What position are you applying for?    Full-Time \_\_\_\_\_    Part-Time \_\_\_\_\_    On-Call \_\_\_\_\_

What hours are you available to work? \_\_\_\_\_ What days? \_\_\_\_\_

What days are you available? \_\_\_\_\_

May we inquire of your present employer?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been employed by Pyramid?    Yes \_\_\_\_\_    No \_\_\_\_\_    When \_\_\_\_\_    Where \_\_\_\_\_

Have you ever filed an application with Pyramid?    Yes \_\_\_\_\_    No \_\_\_\_\_    When \_\_\_\_\_    Where \_\_\_\_\_

Have you ever worked with any of the individuals we currently serve?    Yes \_\_\_\_\_    No \_\_\_\_\_

Do you currently work with any individual(s) that attend Pyramid?    Yes \_\_\_\_\_    No \_\_\_\_\_

Are you a citizen of the United States?    Yes \_\_\_\_\_    No \_\_\_\_\_

    If "No", do you have a Visa which permits you to work?    Yes \_\_\_\_\_    No \_\_\_\_\_    If "Yes", what kind of Visa? \_\_\_\_\_

    Visa Registration Number: \_\_\_\_\_

Do you possess a valid drivers' license?    Yes \_\_\_\_\_    No \_\_\_\_\_    State \_\_\_\_\_    License #: \_\_\_\_\_

Has your license ever been suspended?    Yes \_\_\_\_\_    No \_\_\_\_\_ .    If "Yes", date of suspension \_\_\_\_\_

List number and type of moving violations for previous three years:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony), or pleaded "no contest" to any charge?

Yes \_\_\_\_\_    No \_\_\_\_\_

    If "Yes", list the charges and dates of conviction(s) or pleading of "no contest". \_\_\_\_\_  
\_\_\_\_\_

How did you learn about us?    Advertisement \_\_\_\_\_    Employment Agency \_\_\_\_\_    Walk-in \_\_\_\_\_  
    Friend \_\_\_\_\_    Other \_\_\_\_\_    Relative (Name and Relationship) \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

How many year's experience do you have working with the special needs (disabled, children or elderly) population? \_\_\_\_\_

Start with your present or last job. If you need additional space, feel free to make copies of this page. Employment History must cover a **minimum two-year period**. Periods of unemployment must be explained.

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
HOURLY RATE/SALARY: \_\_\_\_\_ STARTING: \$ \_\_\_\_\_ FINAL: \$ \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

<b>MONTHS WORKED:</b> _____ <i>(Office Use Only)</i>
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EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
HOURLY RATE/SALARY: \_\_\_\_\_ STARTING: \$ \_\_\_\_\_ FINAL: \$ \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

<b>MONTHS WORKED:</b> _____ <i>(Office Use Only)</i>
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EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
HOURLY RATE/SALARY: \_\_\_\_\_ STARTING: \$ \_\_\_\_\_ FINAL: \$ \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

<b>MONTHS WORKED:</b> _____ <i>(Office Use Only)</i>
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## VOLUNTEER WORK

ORGANIZATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

## MILITARY EXPERIENCE

BRANCH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
RANK ACHIEVED: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
NAME, CITY, AND STATE OF SCHOOLS ATTENDED			
YEARS COMPLETED	9    10    11    12	1    2    3    4	1    2    3    4
DIPLOMA/DEGREE			
DESCRIBE COURSE OF STUDY			

Describe any specialized training, apprenticeship, skills, and extracurricular activities. \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

List professional, trade, business, civic, or club activities and offices or licenses held. (You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.)

Indicate any foreign languages you can speak, read, or write fluently: \_\_\_\_\_

Do you know sign language for the hearing impaired?    Yes \_\_\_\_\_    No \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

What visual art, music, dance or other art forms can you teach? \_\_\_\_\_

Do you have relatives presently employed at Pyramid, Inc.?    Yes \_\_\_\_\_    No \_\_\_\_\_

If so, please list name(s): \_\_\_\_\_

Are you related to any of the individuals Pyramid, Inc. presently serves?    Yes \_\_\_\_\_    No \_\_\_\_\_

If so, please list name(s): \_\_\_\_\_



Hourly Rate/Salary: \$ \_\_\_\_\_

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