



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: _____	MONTHS WORKED: _____ <i>(Office Use Only)</i>

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

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): _____

PERSONAL REFERENCES

1.	NAME	TELEPHONE NUMBER			RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP	YEARS KNOWN	
2.	NAME	TELEPHONE NUMBER			RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP	YEARS KNOWN	
3.	NAME	TELEPHONE NUMBER			RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP	YEARS KNOWN	

APPLICANT'S STATEMENT

Please read and sign the following statement.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of my employment.

I further understand that an investigation report may be made as to my character and general reputation. I authorize all past employers, schools, persons, and organizations having information or knowledge to provide it to this facility or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons, and organizations from all liability in responding to inquiries in connection with my application

In signing this form, I certify that I understand all of the questions and statements in this application.

I understand and hereby acknowledge that if I am offered and accept employment with this facility, my employment is for no definite period of time and may be, regardless of the date and payment of my wages and/or salary, terminated at any time without prior notice.

APPLICANT'S SIGNATURE _____ DATE _____

THIS SECTION FOR ADMINISTRATIVE USE ONLY

Date application reviewed: _____ Arrange interview: Yes _____ No _____

First Interviewer _____ Date _____ Recommended: Yes _____ No _____

Second Interviewer _____ Date _____

Date of employment: _____ Job Title: _____

Hourly Rate/Salary: \$ _____