

MERCI

P.O. Box 676
Monterey Park CA 91754
(626) 289-8817 office
(626) 289-8843 fax
Email: employment@merci.org
Website: www.merci.org
EMPLOYMENT APPLICATION

MERCI PROVIDES EQUAL EMPLOYMENT OPPORTUNITIES TO QUALIFIED PERSONS WITHOUT REGARD TO RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN OR DISABILITY.

FILL OUT APPLICATION COMPLETELY

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY #: _____

EMAIL: _____

Position you are applying for: _____ Hours available to work: _____

When are available to begin work: _____ Expected Pay: _____

NOTE TO APPLICANTS: REVIEW JOB DESCRIPTION AND HAVE KNOWLEDGE OF POSITIONS EXPECTATIONS.

*If you are applying for a position, indicate days and time of availability below:

Scheduled Hours						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to MERCI? _____

Are you legally eligible to work in the United States? Yes No
After hire can you submit proof of your legal right to work in the U.S.? Yes No

Driver's License #: _____ State _____ Class _____ EXP. Date: _____
Other Licenses: _____

Have you served in the Armed Forces? Yes No Discharge Date: _____

Have you been bonded? Yes No Which employer? _____

Do you speak another language other than English? Yes No

If yes, which Language(s) _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Although a YES, reply does not necessarily bar you from employment, but, we do require an explanation:

Education

School/ Location	Course Of Study	Years Attended	Degree/ Diploma

EMPLOYMENT HISTORY

May we contact your most recent employer: Yes No

Please list most recent employer first.

Employer		Date Employed		Duties
Address		From	To	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

Employer		Date Employed		Duties
Address		From	To	
Telephone Number				
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Employer		Date Employed		Duties
Address		From	To	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

Please tell us why you would like to work for us? What skills or talents can you bring to the organization?

Training or Skills:

REFERENCES:

1.

Name

Address

Telephone Number

2.

Name

Address

Telephone Number

3.

Name

Address

Telephone Number

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize MERCI to make an investigation of my prior education and work history, as well as contacting my personal references.

Signature of Applicant

Date

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Previous Employer Verification

To: _____
Name of the former employer

Address

City, State, zip code

Phone number

Re: _____
Your name

Social security number

The individual named above has applied for a position with our agency, a day program for adults and children with developmental disabilities. You have been noted as a previous employer.

Please complete the information requested below and return to us. You can fax your response to 626-289-8843. Your prompt reply is greatly appreciated. As indicated by the employee's signature below, permission is granted to the release of this information.

Employee's Signature _____ Date

Employer use only

Employee's Name (From your records) _____
Dates of employment from: _____ To: _____
Title: _____
Duties: _____

Attendance: Excellent Good Fair Not Good
Reason for Leaving: _____
Additional Comments: _____

Signature: _____ Date: _____

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Additional Comments: _____

Signature: _____ Date: _____