

# 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 POSITION 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:

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**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				

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Address		From	To	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

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?

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Training or Skills:

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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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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 02/14/2018