

NAME (Last, First, MI)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	EMAIL ADDRESS	
ADDRESS-STREET	CITY	COUNTY	STATE	ZIP CODE
ARE YOU A US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER A DIFFERENT NAME <input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, LIST NAME HERE:		
NAME AND LOCATION OF EDUCATIONAL INSTITUTIONS	DATES ATTENDED	DATE GRAD.	DIPLOMA OR DEGREE	MAJOR SUBJECTS OR COURSES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE OR PROFESSIONAL				
OTHER SCHOOLING (SPECIFY)				
LIST ANY PROFESSIONAL LICENSE BY NUMBER, YEAR ISSUED AND DATE OF EXPIRATION				

**COMPLETE EMPLOYMENT HISTORY. YOU MUST LIST ALL EMPLOYMENT DURING AT LEAST THE PAST 10 YEARS. FAILURE TO DO SO WILL BE CONSIDERED DECEITFUL AND CAN RESULT IN DISCIPLINARY ACTIONS INCLUDING TERMINATION OF EMPLOYMENT FROM THE GUIDANCE CENTER**

<b>EMPLOYMENT RECORD</b>	LIST YOUR COMPLETE EMPLOYMENT RECORD, INCLUDING ANY PERIOD OF UNEMPLOYMENT, STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS. (INCLUDE PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK, AND MILITARY SERVICES WHICH YOU FEEL HELPS TO QUALIFY YOU FOR THE POSITION.)			
NAME AND ADDRESS OF EMPLOYER POSITION TITLE		DATES OF EMPLOYMENT From _____ To _____		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		NO. HOURS WORKED EACH WEEK		
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES				
NAME AND ADDRESS OF EMPLOYER POSITION TITLE		DATES OF EMPLOYMENT From _____ To _____		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		NO. HOURS WORKED EACH WEEK		
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES				

NAME AND ADDRESS OF EMPLOYER POSITION TITLE	DATES OF EMPLOYMENT From _____ To _____
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DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES	
NAME AND ADDRESS OF EMPLOYER POSITION TITLE	DATES OF EMPLOYMENT From _____ To _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR	NO. HOURS WORKED EACH WEEK _____
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES	
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<p><b>WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE OR HAVE YOU FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE?</b> (The term criminal offense is defined as any felony or misdemeanor, including any summary offense. Omit only (1) minor traffic violations and (2) any offense committed before your 18<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youth offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merit. If "Yes", give details on a separate sheet of paper. Be sure to include your social security number.</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	
<p><b>ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU?</b>                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>IF YES GIVE DETAILS _____</p>	
<p><b>WERE YOU EVER INVOLUNTARILY TERMINATED FROM ANY EMPLOYMENT DURING THE PAST 15 YEARS:</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> YES    IF "YES", LIST EMPLOYER AND DATES OF EMPLOYMENT: _____</p>	
<p><b>WERE YOU EVER ACCUSED OF CHILD ABUSE?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", WAS IT    <input type="checkbox"/> Founded    or    <input type="checkbox"/> Unfounded</p>	
<p><b>WERE YOU EVER ACCUSED OF ELDER ABUSE?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", WAS IT    <input type="checkbox"/> Founded    or    <input type="checkbox"/> Unfounded</p>	
<p><b>DO YOU HAVE ANY RELATIVES EMPLOYED BY THE GUIDANCE CENTER?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", WHO? _____</p> <p>IF "YES", WHAT IS YOUR RELATION?</p> <p><input type="checkbox"/> SIBLING    <input type="checkbox"/> SPOUSE    <input type="checkbox"/> COUSIN    <input type="checkbox"/> PARENT    <input type="checkbox"/> OTHER: _____</p>	

I HEREBY CERTIFY THAT ALL STATEMENTS ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THE GUIDANCE CENTER WILL MAKE A THOROUGH INVESTIGATION OF MY ENTIRE WORK HISTORY AND MAY VERIFY ALL DATA GIVEN IN MY APPLICATION OF EMPLOYMENT, RELATED PAPERS, OR ORAL INTERVIEWS. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY THE GUIDANCE CENTER AND I RELEASE FROM LIABILITY ANY PERSONS GIVING OR RECEIVING ANY SUCH INFORMATION. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION SO GIVEN, WILLFUL MISREPRESENTATION OR OTHER DEROGATORY INFORMATION DISCOVERED AS A RESULT OF THIS INVESTIGATION MAY PREVENT MY BEING HIRED, OR IF ALREADY HIRED, MAY SUBJECT ME TO IMMEDIATE DISMISSAL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE