# NEIGHBORLINK FORT WAYNE FOUNDATION, INC.

PERSONAL INFORMATON				Date			
NameLast First		Middle		Social Security No			
				Phone Number (	)		
Present Address		1.,	G	7'			
Street	C	ity	State	Zip			
Permanent Address					-		
Street	Ci	ity	State	Zip			
EMPLOYMENT DESIRED							
Type of position you are seeking	?						
How did you happen to apply for	r this position?						
Date you can start?	Salary desired?	E	ver applie	d to this Company be	efore? Yes No		
If yes, where?	V	Vhen?		A	Are you employed now? Yes	No	
Are you available to work:	Full Time	Part Time	Shift	Work Tempo	orary		
GENERAL INFORMATION							
Have you ever been employed by Where?	, ,		s No	If yes,			
When?		_ Reason for	leaving?_				
Have you been convicted of a fel	lony within the last 10	O years?	_ Yes	No. If yes, please	explain	<del></del>	
	(Conviction will	not necessari	ily disqual	ify an applicant from	employment)		
Are you legally eligible for empl (Proof of U.S. Citizenship or Ima				yment)			

## **EDUCATION**

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE		Major			
COLLEGE		Minor			
		Major			
HIGH SCHOOL					
		Minor			
MASTERS TECHNICAL OTHER COURSES					

#### **EMPLOYMENT**

ALL PARTS MUST BE COMPLETED. REFERENCE TO A RESUME IS UNACCEPTABLE.
APPLICANT SHOULD LIST THE LAST FOUR (4) EMPLOYERS, STARTING WITH THE MOST RECENT INCLUDING MILITARY.

COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER
		( )
ADDRESS		EMPLOYED (STATE MONTH AND YEAR)
		FROM TO
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING
		ENDING SALARY/WAGE
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER
COMPANY IVANIL	WINE OF BUILDING	( )
ADDRESS		EMPLOYED (STATE MONTH AND YEAR)
ADDRESS		FROM TO
CTATE IOD AND DESCRIPE WORK		REASON FOR LEAVING
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING
		ENDING SALARY/WAGE
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER
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ADDRESS		EMPLOYED (STATE MONTH AND YEAR)
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		ENDING SALARY/WAGE
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER
COMITAINT IMME	WINE OF BUILDING	
ADDRESS		( ) EMPLOYED (STATE MONTH AND YEAR)
ADDRESS		FROM TO
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING
		ENDING SALARY/WAGE
falsified statements on this application shall be grounds for dismination I authorize investigation of all statements contained her previous employment and any pertinent information they may have that may result from furnishing same to NeighborLink Fort Ways I understand and agree that, if hired, my employment is salary, be terminated at any time without prior notice.	rein and the references listed ve, personal or otherwise, a ne Foundation, Inc. s for no definite period and rm to the NeighborLink Fo, with or without cause, and conditions of my employ no Company representation greement for employment f	may, regardless of the date of payment of my wages and rt Wayne Foundation, Inc.'s rules and regulations, and I d with or without notice, at any time, at either my or the ment may be changed, with or without cause, and with or n, other than its President, and then only when in writing for any specific period of time, or to make any agreement
Remarks:		
Neatness:	Ability:	
Hired: ☐ Yes ☐ No Position: De	enartment:	Salary / Wage
Date Reporting to Work:		Sumy / mage.
President		

## NEIGHBORLINK FORT WAYNE FOUNDATION, INC.

# **Pre-Employment Form Applicants Applying for Positions in Indiana**

#### DRUG ABUSE AND SMOKING

As a prequalification to assuming any position, prospective employees may be required to provide a body substance sample for drug testing. Testing may occur when work place behavior indicates that an employee is under the influence of drugs.

property and while the emp	NE, INC. has a smoking poliployee is on the job.	cy that prohibits an employee f	rom smoking on company
testing prior to or during company property or wh	employment. I furthermo	on, Inc. may ask me to provide ore understand that the compa job and that violation of the aployment.	ny prohibits smoking on
(applicant	s signature)	(date of signature	<u> </u>
	PERSONAL / BUSI	NESS REFERENCES	
excluding relatives, from v	YNE FOUNDATION, INC. requestion whom we may secure backgrovide all requested informat	ests that you provide the name round information to be used to ion. Please print.	s of at least three persons, o determine qualifications
<u>Name</u>	<u>Occupation</u>	<u>Address</u>	Telephone
	PERMISSION TO REI	LEASE INFORMATION	
and all information pertain employment dates, job titl Furthermore, I authorize thand traffic violations, to N information. I understand	ning to my school attendance, es, salary, job performance, ne release of information reguleighborLink Fort Wayne For and agree that, if hired, my of	rne Foundation, Inc. and its age e, transcripts, and/or past emploreason for termination, and regarding police records, including oundation, Inc. for the purpose employment is for no definite painated at any time without prior	employment possibilities. g felonies, misdemeanors, of verifying employment period and may, regardless
(applicant'	s signature)	(date of signature	

Please provide an updated Resume' and a cover letter that addresses your values, your ability to serve as the Executive Director of a Christian, faith-based service organization, as well as any past and/or current experiences that uniquely qualify you to serve as the Executive Director.