



New Beginnings

A Ministry Sponsored by Christian Life Resources

A Home for Mothers

Employment Application

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address		Apartment/Unit #	
City West	State:	ZIP:	
Phone:	E-mail:		
Date Available:	Social Security No.	Desired Salary	
Position Applied for:			
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	Yes. <input type="checkbox"/>	No <input type="checkbox"/>	

EDUCATION			
High School:		Address:	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone :
Address:	
Full Name:	Relationship:
Company:	Phone:
Address	
Full Name:	Relationship:
Company:	Phone:
Address	

PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address		Supervisor:	
Job Title:	Starting Salary	Ending Salary	
Responsibilities:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary	Ending Salary	
Responsibilities:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary/Hourly Rate:	Ending Salary/Hourly Rate:	
Responsibilities Caregiver			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

CHURCH AFFILIATION	
Church Name:	Member since:
City/State:	Pastor's Name:
Work you have done for congregation:	

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that a background check will be performed and that false or misleading information in my application or interview may result in my release.</p>
Signature

Return Application to:
 Carmelita Aufdemberge, M.A.-Executive Director
 New Beginnings – 9215 W. Wisconsin Ave. Milwaukee, WI 53226
 Email: carmelitaa@homeformothers.com
 Phone: 414-376-0595 – Fax: 414-376-0594

