

8446 Virginia St., Merrillville, IN 46410

Fax: 219-756-3775

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Dated \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Position Desired \_\_\_\_\_

Are you available to work  Full Time  Part Time  Temporary-On-Call

Have you ever been employed with us?  YES  NO If yes, please give date \_\_\_\_\_

Do you know anyone who works for MOW?  YES  NO If yes, who? \_\_\_\_\_

How did you hear about us?  Walk In  Advertisement  Referral  Other

Are you legally eligible to work in the U.S.? YES NO (Proof of eligibility is required upon offer of employment)

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  YES  NO

Do you have reliable transportation?  YES  NO

Do you have a valid driver's license?  YES  NO (For driving positions only)

Have you ever been convicted of a crime other than a minor traffic offense?  YES  NO

Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

If yes, please provide details (dates and location for all convictions) \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  YES  NO

EDUCATION	Name & Location of School	No. of Years Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last four (4) employers (include periods of unemployment, if applicable) start with the most recent and work backwards in time.

From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize work performed and job responsibilities.	
Reason for leaving		Hourly Rate/Salary	
Explain any period between jobs			
From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize work performed and job responsibilities.	
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Job Title		Address	
Immediate Supervisor and Title		Summarize work performed and job responsibilities.	
Reason for leaving		Hourly Rate/Salary	
Explain any period between jobs			

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES:** Give the Names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted

**Please read carefully before signing.**

It is Meals on Wheels of NWI's policy that equal employment opportunities be available to all employees and applicants without regard to race, sex, color, religion, creed, national origin, age, disability, genetic information, participation in military service or any other protected status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation to hire me. If I am hired, I understand that either Meals on Wheels or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Meals on Wheels has the authority to make any assurance to the contrary.

I authorize the employer, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions provided for employment reference checks and to otherwise verify the accuracy of all information provided by me. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other person's corporations or organizations for furnishing such information about me.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. If any information I have provided is false, incomplete, has been misrepresented or concealed, I understand that this will constitute cause for the denial of employment or immediate dismissal regardless of the date of discovery.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_