



APPLICATION FOR EMPLOYMENT

Instructions

1. Attach a cover letter.
2. Include a resume listing all current and past employment for the past 10 years.
3. Complete the Application and Release Form. All questions must be answered.
4. Review attached E-Verify Notice.
5. Review the self-identification forms. **IMPORTANT: Completing the forms is optional.**
6. Send resume, application, release form and self-identification forms (if you decide to complete the forms) to HR, AWBS, 1423 Field, Detroit MI 48214 or Fax 313.921.9106 or e-mail aorr@awbs.org.

Name:			Date: ___/___/___
Last	First	Middle	
Current Address:			Phone: ()
Number Street	City	State	Zip/Postal Code
Permanent Address:			Phone: ()
Number Street	City	State	Zip/Postal Code
Are you 18 Years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	E-mail: _____@
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What position(s) are you applying for?			

EMPLOYMENT

Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		
Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		
Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
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Employer Name:	Address:	Beginning Date ___/___
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Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		

VOLUNTEER SERVICE: Describe any volunteer experiences

REFERENCES: List three professional references (other than relatives), including at least one current or former supervisor, that you have known at least five (5) years.

Name	Phone	Supervisor	
		Yes	No

How did you hear about the job opening?

AWBS Website Online Service Newspaper Job Fair

Other Please list _____

AWBS Employee If checked, please list the employee's name: _____

All of the information on this application and the attached resume is complete and accurate. I understand that any misrepresentation or omission of facts is cause for dismissal. I authorize investigation of all statements in this application and release All Well-Being Services from all liability in connection with undertaking reference and record checks.

I also understand that if I become an employee of All Well-Being Services, the only valid conditions of employment are those outlined in the Personnel Policies, Practices and Procedures or authorized in writing by the President & CEO. I further understand and agree that in the event of employment, if I have a dispute with All Well-Being Services and file a lawsuit against AWBS for any reason such lawsuit must be filed within six months from the date of the event giving rise to the lawsuit.

Signature _____ Date _____

If a minor, parent or guardian signature is required below.

Signature _____ Date _____