



(p) 203.498.8800  
(f) 203.497.79  
jobs@360mgmgrp.com

AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be employed or interviewed for employment. If you need assistance in completing this application due to a disability, appropriate assistance will be provided.

DATE OF APPLICATION \_\_\_\_\_

RESUME ATTACHED  
**This Application must also be completed.**

Position you are applying for today \_\_\_\_\_  
REFERRAL SOURCE:

- Advertisement
- Relative
- State Employment Job Service
- School/College
- Friend
- Employee Referral Name \_\_\_\_\_
- Walk In
- Other-Specify \_\_\_\_\_

**PLEASE ANSWER EVERY QUESTION, USE INK AND PRINT CLEARLY**

NAME (First) (Middle) (Last)

(Current Street Address) (City) (State) (Zip Code)

( ) ( ) ( )  
(Mobile Number) Home Phone (include area code) Alternate Number (include area code)

If necessary, best time to call you at home is \_\_\_\_\_  a.m.  p.m.

May we contact you at work?  Yes  No

If yes, work number and best time to call ( ) \_\_\_\_\_  a.m.  p.m.  
Area Code Phone No. Time

Are you at least 18 years of age?  Yes  No

If employed, and you are under 18, can you provide the required proof of your eligibility to work?  Yes  No

**IF YOU HAVE FILED AN APPLICATION WITHIN THE CURRENT CALENDAR YEAR – CONTACT THE HUMAN RESOURCES DEPARTMENT. DO NOT COMPLETE THIS APPLICATION UNLESS INFORMATION PREVIOUSLY GIVEN HAS SIGNIFICANTLY CHANGED.**

Have you ever been employed here before?  Yes  No  
 If yes, give date \_\_\_\_\_.

Reason for termination: \_\_\_\_\_

Are you currently employed?  Yes  No  
 Are you related to any employee of 360 Management Group?  Yes  No

If yes, give Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
*(Proof of citizenship or immigration status will be required upon employment.)*

Are you a United States citizen?  Yes  No

On what date would you be available to work? \_\_\_\_\_  
 Month Day Year

Are you applying for:  Full Time  Other: \_\_\_\_\_  
 (Explain)

Will you work overtime if asked?  Yes  No

Would you work Saturday or Sunday if asked?  Yes  No

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_.

Period of Active Duty ( Month and Year) From \_\_\_\_\_ To \_\_\_\_\_.

Describe Duties and job-related training in the United States Military?

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

<u>SCHOOL</u>	<u>NAME &amp; LOCATION OF SCHOOL</u>	<u>COURSE OF STUDY</u>	<u>NUMBER OF YEARS COMPLETED</u>	<u>DID YOU GRADUATE, WHAT YEAR?</u>	<u>DEGREE OR DIPLOMA</u>
<b>HIGH</b>					
<b>GRADE EQUIVALENCY DEGREE (G.E.D)</b>					
<b>TECHNICAL OR VOCATIONAL</b>					
<b>COLLEGE</b>					

<b><u>GRADUATE</u></b>					
<b><u>OTHER (SPECIFY)</u></b>					

List other Seminars, Specialized Courses, Specialized Schools and Subjects related to the job for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

Indicate what Foreign Languages (other than English) you speak, read and / or write:

<b><u>CATEGORY</u></b>	<b><u>LANGUAGE</u></b>	<b><u>FLUENTLY</u></b>	<b><u>GOOD</u></b>	<b><u>FAIR</u></b>
SPEAK				
READ				
WRITE				

Would you be willing to serve as an interpreter? ( ) Yes ( ) No

## SKILLS

Indicate Skills you have by checking below:

YES	NO		YES	NO
_____	_____	Key Adding Machine / Calculator	_____	_____
_____	_____	Bookkeeping	_____	_____
_____	_____	Accounting	_____	_____
_____	_____	Filing:	_____	_____
	_____	___Alphabetical	_____	_____
	_____	___Numerical	_____	_____
_____	_____	Typing (W.P. M.) _____	_____	_____
_____	_____	Electronic Spread Sheet	_____	_____
_____	_____	Receptionist	_____	_____
_____	_____	Switchboard	_____	_____
			_____	_____
			_____	_____

YES	NO		TYPES
_____	_____	Computers	_____
_____	_____	Programming	_____
_____	_____	Operating – Personal Computer	_____
		List Software Used	_____
			_____

Summarize any other special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job and work back listing all paid or unpaid, full or part-time and summer jobs performed during the last 10 years. Work performed more than 10 years ago may be listed if it applies to the job you want. (If more space is required, attach additional sheets or resume, if available.)

1. Employer		Length of Service		Work Performed
Address				
Telephone Number (s)				
		Start	End	
Job title	Supervisor			
Reason for Leaving				
2. Employer		Length of Service		Work Performed
Address				
Telephone Number (s)				
		Start	End	
Job title	Supervisor			
Reason for Leaving				
3. Employer		Length of Service		Work Performed
Address				
Telephone Number (s)				
		Start	End	
Job title	Supervisor			
Reason for Leaving				
4. Employer		Length of Service		Work Performed
Address				
Telephone Number (s)				
		Start	End	
Job title	Supervisor			
Reason for Leaving				

May we contact your present employer? ( ) Yes ( ) No

**By listing the employer(s) above you have given us permission to contact that employer(s) unless you indicate those you do not want us to contact.**

DO NOT CONTACT: Employer(s) \_\_\_\_\_ List Number(s) (from the box above): \_\_\_\_\_

Reason(s) \_\_\_\_\_  
 For not contacting former Employer

**SUMMARY STATEMENT**

Please summarize your professional growth thus far and your future ambitions, and give any reasons you feel you are especially suited for this position.

---

---

---

---

**PRE-EMPLOYMENT STATEMENT**

I certify all statements made on or in connection with this Application are true, complete and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect the application unfavorably. I authorize and give my permission to my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that 360 Management Group and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of incomplete, false or inaccurate statements, omissions or answers made by me on this application, on the attached resume, interview(s), or in the process of my pre-employment evaluation. 360 Management Group is hereby authorized to make any investigation of my prior educational and employment history.

This application for employment shall be considered active for a period of time not to exceed one calendar year. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

The applicant understands that neither this document nor any offer of employment from 360 Management Group constitute and employment contract unless a specific document to that affect is executed by 360 Management Group and the employee in writing.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States within the first three working days of my employment.

My signature below indicates that I have read, and understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it.

Should I be considered for employment, I hereby authorize a pre-employment drug test by 360 Management Group physician. Additionally, I authorize 360 Management Group to supply my employment record, in whole or part, to any prospective employer, government agency or other party with legal and proper interest.

---

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

---

---

**REFERENCES**

Please list any employment references you feel would be able to give information pertinent to this position. Please indicate whether you prefer these references to be contacted before or after you interview(s) with the agency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_(\_\_\_\_)\_\_\_\_\_ Years Known \_\_\_\_\_(\_\_\_\_)(\_\_\_\_)\_\_\_\_\_  
Before After

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_(\_\_\_\_)\_\_\_\_\_ Years Known \_\_\_\_\_(\_\_\_\_)(\_\_\_\_)\_\_\_\_\_  
Before After

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_(\_\_\_\_)\_\_\_\_\_ Years Known \_\_\_\_\_(\_\_\_\_)(\_\_\_\_)\_\_\_\_\_  
Before After

---

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

(PLEASE READ CAREFULLY)  
(ANY QUESTIONS, PLEASE ASK RECEPTIONIST)

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements including Affirmative Action obligations. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. All information will be kept confidential except that supervisors may be informed regarding work restrictions or first aid personnel may be informed should emergency treatment be necessary.

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source:

Advertisement Employee Relative Walk-In School Government Employment Agency  
Private Employment Agency Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code Phone

ADDRESS \_\_\_\_\_  
Street City State Zip Code

CHECK ONE: Male Female

Check one of the following race / ethnic groups:

White Hispanic African American American Indian Alaskan Native Asian / Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Disabled

**ACCOMMODATIONS**

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without a reasonable accommodation, the essential functions and activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation can be provided.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Describe any reasonable accommodations which could be made for you:

\_\_\_\_\_

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION