



Employment Application

Women's Recovery Center

6209 Storer Avenue

Cleveland, Ohio 44102

216/651-1450 Voice 216/651-4351 Fax 216/651-4371 TTY

empower@womensctr.org

Name: _____

Last

First

Middle Initial

Social Security No: _____ - _____ - _____ Phone: _____

Address: _____

Street Number

Apt. #

City

State

Zip

Email address _____

Position applying for: _____ Date application completed : __/__/__

Have you been convicted of any criminal offense? ___ Yes ___ No

If yes, please provide the date of the conviction and the circumstances _____

Do you have an automobile? ___ Yes ___ No

Do you carry automobile insurance? ___ Yes ___ No

Upon employment, proof of automobile insurance is required.

Work Experience

May we contact your present employer? Yes ___ No ___

Company: _____

Job Title: _____ From/To: _____

Address: _____

Supervisor: _____ Phone No.: _____

Job Responsibilities: _____

Company: _____

Job Title _____ From/To: _____

Address: _____

Supervisor: _____ Phone No.: _____

Job Responsibilities: _____

Company: _____

Job Title _____ From/To: _____

Address: _____

Supervisor: _____ Phone No.: _____

Job Responsibilities: _____

Education/Credentials: High School Diploma: Yes ___ No ___

College/Technical School Attended _____

College/Technical (Major): _____

Date of Graduation: _____

Special Studies/Skills (explain): _____

Personal references (list 3 references)

Name: _____

Address: _____

Relationship: _____ Phone _____

Name: _____

Address: _____

Relationship: _____ Phone _____

Name: _____

Address: _____

Relationship: _____ Phone _____

In signing this application, I am certifying that to the best of my knowledge the information that is provided is correct. I further understand that prior to an employment offer, I will be required to submit information necessary for a criminal history background check.

Signature: _____ Date: _____

Revised May, 2017