



The Relief Zone
Employment Application
5 Frew Run St., Box 334 Frewsburg, NY 14738
(716)569-2614 trz@thereliefzone.org

| | | | |
|--|--|---|--|
| NAME _____ M ___ or F ___ | | DATE OF APPLICATION _____ | |
| PRESENT ADDRESS _____ | | | |
| PERMANENT ADDRESS _____ | | | |
| DATE OF BIRTH _____ | | PHONE # _____ | |
| SOCIAL SECURITY NO. _____ | | EMAIL ADDRESS _____ | |
| ARE YOU 18 YEARS OF AGE OR OLDER? YES NO | | IF NOT, STATE YOUR AGE ____ IF NOT, DO YOU HAVE REQUIRED WORKING PAPERS? YES NO | |
| ARE YOU A U.S. CITIZEN? YES NO | | IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THIS COUNTRY? YES NO | |

| | |
|--|--------------------------|
| POSITION DESIRED _____ | DATE YOU CAN START _____ |
| ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____ | |
| HAVE YOU EVER APPLIED TO THE RELIEF ZONE BEFORE? _____ | |
| POSITION APPLIED FOR _____ | WHEN? _____ |

| EDUCATION | |
|--------------------------------------|---------------------|
| NAME OF HIGH SCHOOL ATTENDED: _____ | DIPLOMA: YES OR NO |
| NAME OF COLLEGE ATTENDED: _____ | DEGREE MAJOR: _____ |
| HIGHEST COLLEGE DEGREE EARNED: _____ | |
| OTHER CERTIFICATIONS: _____ | |

| |
|---|
| HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER JURSDICTION? YES OR NO |
| If yes, please describe in full: |
| |
| U.S. MILITARY SERVICE YES OR NO : IF YES, RANK: |
| |
| OTHER SKILLS, ACTIVITIES OR LIFE EXPERIENCES (CIVIC, VOLUNTEER): |
| |
| |
| IF DESIRED, PROVIDE ADDITIONAL INFORMATION WHICH MAY HELP IN EVALUATING YOUR CANDIDACY: |
| |
| |

I, _____ do hereby authorize a review of, and full disclosure of, all records concerning myself to The Relief Zone or its designee, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any criminal history records contained in law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my eligibility/suitability for employment by The Relief Zone.

I agree to indemnify and hold harmless this organization and its designee and any other criminal justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1. Part 20, the electronic data processing agencies have contracts to process criminal history record information and the employees of any of the above entities (1) from and against any and all causes of action, demands, suits and other proceedings of whatsoever nature, (2) against any liability to others, including any liabilities or damages by reason of or arising out of any arrest or imprisonment or any cause of action whatsoever, and (3) against any loss, cost, expenses and damage resulting there from, arising out of, or involving any negligence on the part of the Recipient in the exercise or enjoyment of this authorization.

Signed _____

Date _____

Parental Consent (if under the age of 18)

I, _____, give permission for my son/daughter to be employed at The Relief Zone and to participate in all activities and field trips as needed.

Parent Signature _____

Date _____

REFERENCES

GIVE THE NAMES OF 3 PERSONS, NOT RELATIVES, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME & POSITION / BUSINESS ADDRESS PHONE # YEARS ACQUAINTED

NAME & POSITION / BUSINESS ADDRESS PHONE # YEARS ACQUAINTED

NAME & POSITION / BUSINESS ADDRESS PHONE # YEARS ACQUAINTED

LIST YOUR LAST 3 EMPLOYERS, MOST RECENT EMPLOYER FIRST

| MONTH & YEAR FROM: TO: | COMPANY NAME | COMPANY ADDRESS | POSITION | SALARY/WAGE |
|---|---------------------|-----------------------------|-----------------|--------------------|
| | | | | |
| SUPERVISOR NAME | | SUPERVISOR PHONE | | |

REASON FOR LEAVING:

DESCRIBE YOUR DUTIES:

LIST YOUR LAST 3 EMPLOYERS, MOST RECENT EMPLOYER FIRST

| MONTH & YEAR FROM: TO: | COMPANY NAME | COMPANY ADDRESS | POSITION | SALARY/WAGE |
|---|---------------------|-----------------------------|-----------------|--------------------|
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DESCRIBE YOUR DUTIES: