



Anchorage Children's Home
 2121 Lisenby Avenue
 Panama City, Florida 32405
 Phone: (850) 763-7102
 Fax: (850) 769-0855

For Office Use Only	
App Date: _____	Hire: yes _____ no _____
Int. Date: _____	Hire Date _____
File Date _____	

EMPLOYMENT APPLICATION

(Please Type or Print in black or blue ink)

Position(s) Applied for: _____

Were you previously employed with our agency? _____ If yes, please give date: from ____/____/____ to ____/____/____

On what date will you be available for work? _____, 20____

Name _____ SS# _____-____-____

Last First MI

Address _____

No. Street City State Zip

Telephone No. (____) _____ (____) _____ (____) _____

Home Business Cell

Are you a U.S. citizen or legally authorized to work in the U.S.? Yes _____ No _____ (if yes, verification will be required)

Are you related to an employee at Anchorage? Yes _____ No _____

If yes, please state their relationship to you. _____

Do you have a valid driver's license? Yes _____ No _____.

Have you ever been convicted, pled guilty, or pled nolo contendere to a crime other than a minor traffic offense? _____

If yes, please explain. _____

Are you currently employed? Yes _____ No _____ If yes, may we contact your employer? Yes _____ No _____

EDUCATION

Name of School	Address	From	To	Major	Degree

Please list your current professional licenses. _____

Please list any special honors or societies. _____

Please list any special skills. _____

EMPLOYMENT

Please list below present and past employment beginning with most recent.

Name and Address of Company	From		To		Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe Work Performed:						
Telephone:							
Your Title:							

Name and Address of Company	From		To		Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe Work Performed:						
Telephone:							
Your Title:							

Name and Address of Company	From		To		Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe Work Performed:						
Telephone:							
Your Title:							

Name and Address of Company	From		To		Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe Work Performed:						
Telephone:							
Your Title:							

If there is a particular employer you do not wish for us to contact prior to offer, please indicate which below.

PERSONAL REFERENCES

Not to include family members

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

PLEASE READ BEFORE SIGNING

I hereby certify that all the information contained on this Employment Application is true and complete. I authorize Anchorage Children's Home to contact all sources necessary to verify this information. If offered employment, I understand that any misstatement or omission is cause for immediate dismissal. Anchorage Children's Home is an Equal Opportunity Employer.

Signature

Date

How did you hear about us?

It is not required that you complete this section; however, we would appreciate your taking the time to do so. Thank You.

I heard about the following position from:

_____ Local Newspaper	_____ Social Media	_____ Career Builder or Monster
_____ Career Source Center	_____ Job Placement Service	_____ College Career Services
_____ Anchorage Web Page	_____ Walk In	_____ Other: _____