

**MAKE-A-WISH FOUNDATION OF OHIO, KENTUCKY AND INDIANA  
APPLICATION FOR EMPLOYMENT**

**The Make-A-Wish Foundation of Ohio, Kentucky and Indiana is an Equal Opportunity Employer**

Only Applications With All Information Complete Will Be Considered

**PERSONAL INFORMATION** Use the additional space on the back of this form, if needed.

Name (Full – Last, First, MI)		What date are you available to start work?	
Position applied for:	Desired Wages/Salary:	Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>	
Street Address:		City	State Zip
Preferred Phone Number	Email Address	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of eligibility to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any law violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Previous convictions will not automatically disqualify you from employment.)		If yes, give dates and details.	

**EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first.)**

<b>Present or Last Position</b>	Company Name	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Supervisor Name	Title and Dept of Supervisor	Supervisor's phone number /email	
If employed, may we contact your supervisor?			
<b>Next Previous Position</b>	Company Name	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Supervisor Name	Title and Dept. of Supervisor	Supervisor's phone number/email	
<b>Next Previous Position</b>	Company Name	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Supervisor Name	Title and Dept. of Supervisor	Supervisor's phone number/email	

**EDUCATION**

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

What other qualifications do you have or what other information do you want to add for this position?

Are you bound by any non-compete agreements with your current or former employer(s) \_\_\_ Yes \_\_\_ No  
 If yes, attach a copy of agreement.

If applying for a position that requires driving, do you have a valid driver's license?  
 \_\_\_ Yes \_\_\_ No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Were you in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No If yes, rank at discharge or current rank \_\_\_\_\_.

Please describe experience or special training received in the military related to the position for which you are applying.

If you are applying for a clerical position, what business equipment can you operate? (For example, computers, copiers, etc.)

If applying for a clerical/administrative or professional position that requires speed and accuracy on the keyboard, indicate your speed:

List the specific skills, qualifications you possess related to the position for which you are applying:

Words/Minute:

In what computer software programs are you **proficient**? [Name them]

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment can be terminated with or without reason, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on pre-employment procedures, tests and documentation. I will, upon request, sign all necessary consent forms. I authorize any third party organization to perform a consumer report and/or criminal background investigation. I also authorize any companies, schools or persons to give any information regarding my employment, qualifications and character. I hereby expressly release said companies, schools or persons from any and all liability for any damage for issuing or disclosing any information or knowledge to this company. I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.
- **I agree that any claim or lawsuit relating to my service with the Make-A-Wish Foundation of Ohio, Kentucky and Indiana must be filed no more than six (6) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**
- **I have read and understand the contents of this employment application and am fully able and competent to complete it.**

Date	Signature
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