

The Marsh Foundation

1229 Lincoln Highway
PO Box 150
Van Wert OH 45891-0150
Telephone (419)238-1695
Fax (419)238-3986

EMPLOYMENT APPLICATION

Soc. Sec. No: _____ Date: _____
Name: _____ Type of Employment: _____ Full Time
Address: _____ _____ Part Time _____ Temporary
City: _____ Position: _____
State: _____ Zip: _____ Expected Salary: _____
Telephone: Home: () _____ Date Available for Employment: _____
Work: () _____

EDUCATION

Please List All Education Starting With Highest Year Completed

Name of Institution and Location	Years Attended	Did You Graduate?	Indicate Degree or Certificate Received	List College Major or Primary Course of Study

GENERAL

Licenses or Certification/Expiration Date: _____

Special Skills or Abilities: _____

What Computer Software are you familiar with: _____

Professional or Civic Affiliations: _____

Do you know anyone currently employed at The Marsh Foundation? yes no

If yes, who? _____

EMPLOYMENT HISTORY

(Account for All Periods)

PRESENT OR LAST EMPLOYER

Employer: _____

Duties, Job Performed: _____

Supervisor: _____

Address: _____

Phone: (____) _____

Reason for Leaving: _____

_____ Full Time _____ Part Time

Starting Salary: _____ Final: _____

Dates of Employment: From: _____ To: _____

May We Contact this Employer? _____

Job Title: _____

PREVIOUS EMPLOYER

Employer: _____

Duties, Job Performed: _____

Supervisor: _____

Address: _____

Phone: (____) _____

Reason for Leaving: _____

_____ Full Time _____ Part Time

Starting Salary: _____ Final: _____

Dates of Employment: From: _____ To: _____

May We Contact this Employer? _____

Job Title: _____

PREVIOUS EMPLOYER

Employer: _____

Duties, Job Performed: _____

Supervisor: _____

Address: _____

Phone: (____) _____

Reason for Leaving: _____

_____ Full Time _____ Part Time

Starting Salary: _____ Final: _____

Dates of Employment: From: _____ To: _____

May We Contact this Employer? _____

Job Title: _____

PERSONAL REFERENCES

(Exclude Relatives and Previous Employers)

Name: _____

Phone No: (____) _____

Address: _____

City, State, Zip: _____

Name: _____

Phone No: (____) _____

Address: _____

City, State, Zip: _____

Name: _____

Phone No: (____) _____

Address: _____

City, State, Zip: _____

OTHER INFORMATION

Do You Have A Current Driver's License? yes no State: _____ License No: _____

Have you been convicted of any traffic violations in the past seven years? yes no If yes, detail each below:

<u>Date</u>	<u>Violation</u>

Have you ever been convicted of a crime? yes no If yes, describe in full: _____

It is the policy of The Marsh Foundation that recruitment, hiring, promotions, training, practices and all other terms, conditions and privileges of employment shall be maintained and conducted in a manner which does not discriminate on the basis of race, sex, age, religion, national origin or disability.

As an applicant for a position of responsibility in an agency providing services to children and families, I certify that I have no criminal or civil history that would be considered inappropriate for this type of employment, This includes convictions, pending suits, charges of child abuse or neglect, fiscal mismanagement, or other related activities.

I understand that The Marsh Foundation will conduct such background checks as they determine appropriate in an effort to protect the clients served and the interest of the agency. This may include but is not limited to employment, military, financial, criminal, and motor vehicle records. I authorize the release of such information from the parties holding such information or records.

Date

Signature

NOTE: If you need additional space to answer the above questions or to share other helpful information with us, please continue on a separate sheet of paper.