**Omnichen Solutions Inc.**

Arts Integrated Enrichment Program

**General Application**

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| **Applicant Information** |
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| Last Name:  | First: | M.I. | Date: |
| Address: | Apartment/Unit: |
| City: | State: | ZIP: |
| Home Phone:  | Cell Phone: |
| Email Address: |
| Have you ever been convicted of a felony? | No \_\_\_ Yes\_\_\_ If yes, explain: |
| Position Applying for:  |
| **Education** |
| Middle School: \_\_\_ Yes \_\_\_ No  | High School:  \_\_\_ Yes. \_\_\_ NoYears Completed:  | College: \_\_\_ Yes \_\_\_ NoYears Completed: Degree/ Year Completed:  |
| If you read, speak, and write fluently in any other language other than English please state: |
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| **Demographic Information** |
| Race/Ethnicity: \_\_\_\_ African American \_\_\_\_Asian \_\_\_\_ Latino \_\_\_\_Native American |
| \_\_\_\_Pacific Islander \_\_\_\_White \_\_\_\_Other |
| Age:  |
| Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other  |

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| **Employment/ Volunteer/ Internship History** |
| Employer: | Date Employed: |
| Work Phone: | Pay Rate: $\_\_\_\_\_\_\_\_\_ To $\_\_\_\_\_\_\_\_\_\_ |
| Address: | City:  | State: | Zip: |
| Position/Title:  |
| Supervisors Name and Title:  |
| May we contact them? \_\_\_\_\_Yes \_\_\_\_\_No |

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| **Employment/ Volunteer/ Internship History** |
| Employer: | Date Employed: |
| Work Phone: | Pay Rate: $\_\_\_\_\_\_\_\_\_ To $\_\_\_\_\_\_\_\_\_\_ |
| Address: | City:  | State: | Zip: |
| Position/Title:  |
| Supervisors Name and Title:  |
| May we contact them? \_\_\_\_\_Yes \_\_\_\_\_No |

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| **Employment/ Volunteer/ Internship History** |
| Employer: | Date Employed: |
| Work Phone: | Pay Rate: $\_\_\_\_\_\_\_\_\_ To $\_\_\_\_\_\_\_\_\_\_ |
| Address: | City:  | State: | Zip: |
| Position/Title:  |
| Supervisors Name and Title:  |
| May we contact them? \_\_\_\_\_Yes \_\_\_\_\_No |

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| **References** |
| **Name/ Title** | **Phone** | **Years Known** |
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| **Acknowledgement and Authorization** |

\*Please initial next to each statement\*

\_\_\_\_\_\_ I certify that all information given herein are true and complete to the best of my knowledge.

\_\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_\_ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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| **Signature:** | **Date:** |