

EMPLOYMENT APPLICATION

airmail.

SBS AIDS FOUNDATION RESEARCH CORPORATION

Employees of SBS and applicants for employment are awarded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the hiring process should notify a representative of the Human Resources Department.

Please print in black	or blue ink,	or use a type	writer.
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Return the signed application to SBS in person or via

GE	NERAL INFORMATION		
•	Position applied for:	2. Program/Division	1:
	Full Legal Name:		
.	Full Address:		
•	Home Phone #:	6. Mobile Phone #:	
•	Email Address:	8. Social Security #:	
•	Are you legally eligible for employment in th	he United States?	Yes No
0.	If you are under 18, and it is required, can yo	ou furnish a work permit?	Yes No
	If no, please explain:		
۱.	Have you ever been employed by the SBS AID	DS FOUNDATION RESEARCH CORPORATION?	Yes No
	If yes, provide position(s) and dates:		
2.	Date you are able to start working (month/day	//year):	
3.	Type of employment desired:	Full-Time Part-Time	Seasonal
4.	Which shift would you accept?	Daytime Evening	
5.	Are you able to meet the attendance require		Yes No
		ements of the position.	
5.	Are you able to travel for the position?		Yes No
	If so, when:	Daytime Evenings	Overnight
7.	Drivers License Number (if driving is an necessary	y job function)	
8.	Have you ever been convicted of a crime in t	the last seven (7) years?	Yes No
	If yes, please explain:		

(Convictions will not necessarily be a bar to employment. Each instance and explanation will be considered based on the position for which you are applying.)

P.O. BOX 1173 PARK FOREST ILLINOIS 60466

Email us at <u>sbsaidsresearch@yahoo.com</u> Tel: +1 708 747 5680 Fax: +1 708 747 5682

Website: sbsaidsfoundationresearch.com



EDUCATIONAL EXPERIENCE

19.	Highest grade completed (circle one):	I	2	3	4	5	6	7	8	9	10	н	12
20.	If you did not complete high school, do you ha	ve a h	nigh sch	ool eq	uivalen	cy diplo	oma?			Yes		No	
21.	Number of years of post high school education	n (circl	e one) :				Т	2	3	4	5	6	7

22.		Name and Location of Institution	me and Location of Institution Dates Attended Major/Minor			
	ι.					
	2.					
	3.					

23. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

EMPLOYMENT HISTORY

24. Provide the following information for your past three (3) employers and/or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephon				
		e:					
Job Title:		Address:					
Immediate Sup	ervisor & Title:						
		Nature of Work Performed and Job Responsibilities:					
Reason for Leaving:		Salary/Hourly Rate Beginning:	Final:				
From:	То:	Employer:	Telephon				
lah		• •	e:				
Job Title:		Address:					
Immediate Supervisor & Title:							
		Nature of Work Performed and Job Responsibilities:					
Reason for Leaving:		Salary/Hourly Rate Beginning:	Final:				
From:	То:	Employer:	Telephon e:				
Job Title:		Address:					
Immediate Supervisor & Title:							
		Nature of Work Performed and Job Responsibilities:					
Reason for Leaving:		Salary/Hourly Rate Beginning:	Final:				

SKILLS AND QUALIFICATIONS

26. Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform jobrelated functions in the position for which you are applying:

CERTIFICATION

I hereby certify that all entries on both sides are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of my employment at the SBS AIDS FOUNDATION RESEARCH CORPORATION. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and

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educational institutions listed regarding this application. I further authorize the SBS AIDS FOUNDATION RESEARCH CORPORATION to rely upon and use, as it sees fit, any information received from such contacts.

Date: