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**360 MANAGEMENT GROUP
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability, or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be employed or interviewed for employment. If you need assistance in completing this application due to a disability, appropriate assistance will be provided. We are an equal opportunity employer.

DATE OF APPLICATION: _____

☐ RESUME ATTACHED

This Application must also be completed.

Position you are applying for today: _____

REFERRAL SOURCE:

☐

Walk-In

☐

Current or Former Employee

☐

Relative/Friend

Employee Name: _____

☐

State Employment Job Service

☐

Job Board: Please specify _____

☐

School

☐

Other-Specify _____

PLEASE ANSWER EVERY QUESTION, IF USING INK, PLEASE PRINT CLEARLY

NAME (First) (Middle) (Last)

(Current Street Address) (City) (State) (Zip Code)

() ()
(Mobile Number) Home Phone (include area code) Email Address

If necessary, best time to call you at home is _____ ☐ a.m. ☐ p.m.

Are you at least 18 years of age? ☐ Yes ☐ No

If employed, and you are under 18, can you provide the required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No
If yes, give date _____

Reason for termination:

Are you currently employed?

☐ Yes ☐ No

Are you related to any employee of 360 Management Group?

☐ Yes ☐ No

If yes, give Name: _____

Relationship: _____

Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment.)

☐ Yes ☐ No

On what date would you be available to work?

Month _____ Day _____ Year _____

Are you applying for:

☐ Part Time ☐ Full Time ☐ Other: _____
(Explain)

Will you work overtime if asked?

☐ Yes ☐ No

Would you work Saturday or Sunday if asked?

☐ Yes ☐ No

MILITARY SERVICE: ☐ Yes ☐ No

Branch of Service _____

Period of Active Duty (Month and Year) From _____ To _____

Describe Duties and job-related training in the military:

EDUCATION

<u>TYPE OF SCHOOL</u>	<u>NAME</u>	<u>LOCATION</u>	<u>COURSE OF STUDY/MAJOR</u>	<u>DID YOU GRADUATE? IF SO, WHAT YEAR?</u>	<u>DEGREE OR CERTIFICATION RECEIVED</u>
<u>HIGH SCHOOL</u>					
<u>TECHNICAL OR VOCATIONAL</u>					
<u>COLLEGE</u>					
<u>GRADUATE</u>					
<u>OTHER (SPECIFY)</u>					

List other Seminars, Specialized Courses, Specialized Schools and Subjects related to the job for which you are applying:

Indicate what Foreign Languages (other than English) you speak, read and / or write:

<u>CATEGORY</u>	<u>LANGUAGE</u>	<u>FLUENTLY</u>	<u>GOOD</u>	<u>FAIR</u>
SPEAK				
READ				
WRITE				

Would you be willing to serve as an interpreter?

☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last employer. You can list all full or part-time positions, internships, and/or volunteer work performed during the last 10 years. Work performed more than 10 years ago may be listed if it applies to the position you are applying for. If more space is required, please feel free to attach additional sheets. **You can leave this section blank if you are attaching or providing your resume with this application.**

1. Employer Name:		From:	To:
Address:			
Telephone Number(s):			
Job title:		Immediate Supervisor:	
Job Responsibilities:			
Reason for Leaving:			
2. Employer Name:		From:	To:
Address:			
Telephone Number(s):			
Job title:		Immediate Supervisor:	
Job Responsibilities:			
Reason for Leaving:			
3. Employer Name:		From:	To:
Address:			
Telephone Number(s):			
Job title:		Immediate Supervisor:	
Job Responsibilities:			
Reason for Leaving:			

4. Employer Name:		From:	To:
Address:			
Telephone Number(s):			
Job title:		Immediate Supervisor:	
Job Responsibilities:			
Reason for Leaving:			
5. Employer Name:		From:	To:
Address:			
Telephone Number(s):			
Job title:		Immediate Supervisor:	
Job Responsibilities:			
Reason for Leaving:			

SKILLS

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

SUMMARY STATEMENT

Please summarize your professional growth thus far, your future ambitions, and why you are especially suited for this position.

REFERENCES

Please list any employment references you feel would be able to give information pertinent to this position. Please indicate whether you prefer these references to be contacted before or after you interview(s) with 360 Management Group.

Reference 1

Name _____ Relationship _____

Email _____

Telephone _____ Years Known _____

Reference 2

Name _____ Relationship _____

Email _____

Telephone _____ Years Known _____

Reference 3

Name _____ Relationship _____

Email _____

Telephone _____ Years Known _____

PRE-EMPLOYMENT STATEMENT

I certify all statements made on or in connection with this Application are true, complete and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect the application unfavorably. I authorize and give my permission to my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that 360 Management Group and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of incomplete, false or inaccurate statements, omissions or answers made by me on this application, on the attached resume, interview(s), or in the process of my pre-employment evaluation. 360 Management Group is hereby authorized to make any investigation of my prior educational and employment history.

This application for employment shall be considered active for a period of time not to exceed one calendar year. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

The applicant understands that neither this document nor any offer of employment from 360 Management Group constitute and employment contract unless a specific document to that affect is executed by 360 Management Group and the employee in writing.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States within the first three working days of my employment.

My signature below indicates that I have read, and understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it.

Should I be considered for employment, I hereby authorize 360 Management Group to obtain a consumer report or investigative consumer report on me, as applicable. Additionally, I authorize 360 Management Group to supply my employment record, in whole or part, to any prospective employer, government agency or other party with legal and proper interest.

Name of Applicant:_____
Signature of Applicant:_____
Date:

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements including Affirmative Action obligations. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY; INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. All information will be kept confidential except that supervisors may be informed regarding work restrictions or first aid personnel may be informed should emergency treatment be necessary.

Date _____

Position(s) applied for _____

Referral Source:

☐ Walk-in ☐ Relative/Friend ☐ Current or Former Employee ☐ State Employment Job Service ☐ School ☐ Employment Agency

☐ Job Board (please specify): _____ ☐ Other (please specify) _____

Name of Source (if applicable) _____

APPLICANT'S NAME _____
Last First Middle Phone

ADDRESS _____
Street City State Zip Code

CHECK ONE: ☐ Male ☐ Female

Check one of the following race / ethnic groups:

☐ White ☐ Hispanic or Latinx ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ Other: _____

Check if any of the following are applicable: ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled

ACCOMMODATIONS

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without a reasonable accommodation, the essential functions and activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation can be provided.

☐ Yes ☐ No

Describe any reasonable accommodations which could be made for you:

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION