



Da Capo Institute Employment Application

Personal Information				
Last Name	First Name	Middle Initial	Social Security Number	
Other Name(s) Used				
Address				
Home #		Work #	Cell #	Email Address
Position Applied For		Referred By		Salary Desired
Have you ever interviewed with the Da Capo Institute or its affiliates before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list date(s), job title(s), & location(s):	
Have you ever been employed by the Da Capo Institute or its affiliates before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list date(s), job title(s), & location(s):	
Do you have any relatives employed by the Da Capo Institute or its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list date(s), job title(s), & location(s):	
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education				
Indicate Highest Grade Completed (i.e. 9, 10, 11, or 12)				
College, Trade, or Business (i.e. # years – 1, 2, 3, or 4)				
Graduate Studies				
School	Name	Address	Major Studies	Degree, Diploma, License, or Certificate
High School				
College/University				
Vocational, Business, Other				
List any Professional Designations				
Other Special Knowledge, Skills, or Qualifications				
Computer Skills (Hardware/Software)				
<i>For Clerical Applicants Only:</i>				
Do you type?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, WPM:	



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Employment History				
List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.				
Employed From	Employed Until	Employer Name	Supervisor Name	Starting Salary
		Employer Address	Supervisor Phone #	Ending Salary
Job Title				
Reason for Leaving				
Duties & Responsibilities				
Employed From	Employed Until	Employer Name	Supervisor Name	Starting Salary
		Employer Address	Supervisor Phone #	Ending Salary
Job Title				
Reason for Leaving				
Duties & Responsibilities				
Employed From	Employed Until	Employer Name	Supervisor Name	Starting Salary
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Employed From	Employed Until	Employer Name	Supervisor Name	Starting Salary
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Job Title				
Reason for Leaving				
Duties & Responsibilities				



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References				
Please list two references other than relatives or previous employers that we may contact.				
Name	Position	Company	Address	Telephone #
General				
May we contact your current employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any crime (excluding traffic violations)? Note: A Yes response does not automatically disqualify your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:		



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Certification & Authorization
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The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature: _____

Date: _____