

Application for Employment

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

Position(s) applied for _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employee Agency
 Walk-in Private Employment Agency Other _____
 Name of Source (if applicable) _____

General Information

Last Name	First	Middle	Social Security Number
Address		City	State Zip Code
Home Phone		Cell Phone	Pager
If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		Date available to work:	Desired Salary Range:
What days of the week are you available to work?			
What hours of the day are you available to work?			
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever received sanctions or had limitations placed on any of your professional licenses or registrations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details including offense, date and jurisdiction	
Have you ever been terminated from or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employer and date	

We do not discriminate against any person on the basis of race, color, or national origin, or on the basis of disability, or age in admission, treatment, or participation in our programs, services, activities or in our employment.

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent for the past ten years (use additional sheets if necessary). Please complete this section fully. Failure to provide all requested information may cause your application to not be considered.

Employer	Phone #	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Starting Job Title / Final Job Title				
Immediate Supervisor and Title		Hourly Rate or Salary		
Reason for Leaving		Starting	Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Phone #	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Starting Job Title / Final Job Title				
Immediate Supervisor and Title		Hourly Rate or Salary		
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Address		From	To	
Starting Job Title / Final Job Title				
Immediate Supervisor and Title		Hourly Rate or Salary		
Reason for Leaving		Starting	Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Education & Training

Education	Name of institution	Highest grade/year completed	Grade average	Did you graduate?	Degree and major
High school and/or GED		9 10 11 12			
Trade or Business School					
Trade or Business School					
College		1 2 3 4			
College		1 2 3 4			
Graduate School		1 2			

List any other training and education:

List both current and inactive professional licenses and registrations.

Type	State	Date issued	Expiration Date	Status

List any additional information you would like us to consider.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's services, whenever it is discovered.

I hereby authorize any investigator or duly accredited representative of the employer bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the employer and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that in order to comply with the Drug Free Workplace Policy I will be asked to provide a urine specimen for testing to determine the presence of alcohol, drugs, or controlled substances in my system. I understand that I do not have to provide a specimen, however, that my refusal to do so will result in termination of my employment or my disqualification of employment at this time.

If I am hired, I understand that I must show evidence of being negative for Tuberculosis by either a skin test or chest x-ray before my first day of employment and annually thereafter. I understand that any indication of Tuberculosis must be cleared by my personal physician before I am allowed to work.

I understand that all employment related medical testing will be maintained in my Employee Health File only and will be used to validate eligibility for and continued employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the CEO.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Signature of Applicant

Date