



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all portions of this employment application to be considered for employment. If you require accomodation during the employment process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the Organization and only for the desired position.

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

SOCIAL SECURITY NO. _____ TELEPHONE NO. _____

DO YOU MEET THE MINIMUM AGE REQUIREMENT SET BY LAW FOR THE DESIRED POSITION?
YES _____ NO _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____
(Note: If offered employment you will be required to submit documentation required by IRCA.)

DESIRED EMPLOYMENT

DESIRED POSITION _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES _____ NO _____

HAVE YOU BEEN PROVIDED WITH THE JOB DESCRIPTION OF THE DESIRED POSITION?
YES _____ NO _____

IF YOU HAVE BEEN PROVIDED WITH A JOB DESCRIPTION OF THE DESIRED POSITION, PLEASE ANSWER THIS QUESTION: AFTER READING THE JOB DESCRIPTION, CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION?
YES _____ NO _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS ORGANIZATION BEFORE?
YES _____ NO _____ If yes, WHEN?

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?
YES _____ NO _____ If yes, WHEN?

WHO REFERRED YOU TO THIS COMPANY?

RELATIVE _____ NAME _____
 FRIEND _____ NAME _____
 EMPLOYMENT AGENCY _____ NEWSPAPER ADVERTISEMENT _____
 STATE EMPLOYMENT OFFICE _____
 WALK IN _____ OTHER _____

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--------------|-----------------------------|-----------------------|-------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

FORMER EMPLOYERS

NAME OF PRESENT OR LAST EMPLOYER _____
 ADDRESS _____
 STARTING DATE _____ DATE LAST WORKED _____
 JOB TITLE _____
 WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____
 MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____
 NAME OF SUPERVISOR _____ TITLE _____
 EMPLOYER'S PHONE NUMBER _____
 DESCRIPTION OF WORK _____
 REASON(S) FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____
 ADDRESS _____
 STARTING DATE _____ DATE LAST WORKED _____
 JOB TITLE _____
 WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____
 MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____
 NAME OF SUPERVISOR _____ TITLE _____
 EMPLOYER'S PHONE NUMBER _____
 DESCRIPTION OF WORK _____
 REASON(S) FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____
 ADDRESS _____
 STARTING DATE _____ DATE LAST WORKED _____
 JOB TITLE _____
 WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____
 MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____
 NAME OF SUPERVISOR _____ TITLE _____

EMPLOYER'S PHONE NUMBER _____
 DESCRIPTION OF WORK _____
 REASON(S) FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____
 ADDRESS _____
 STARTING DATE _____ DATE LAST WORKED _____
 JOB TITLE _____
 WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____
 MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____
 NAME OF SUPERVISOR _____ TITLE _____
 EMPLOYER'S PHONE NUMBER _____
 DESCRIPTION OF WORK _____
 REASON(S) FOR LEAVING _____

REFERENCES

Give the names of three persons you are not related to, whom you have known at least one year and whom we can contact.

| NAME | ADDRESS | YEARS KNOWN | PHONE NUMBER |
|------|---------|-------------|--------------|
| | | | |
| | | | |
| | | | |

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

Summarize your job skills, training and/or study that are relevant for the desired position. Also, explain any periods that you were not working. Use additional paper if necessary.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the Organization. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**

- C. I understand and agree that only the Director of the Organization has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the Director, and I will not rely upon anything else.
- D. I understand and agree that the Organization may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Organization with any information (including fact or opinion) they may have regarding me. In consideration of the Organization's review of this application, I release the Organization and providers of any information from any liability arising from a violation of the Fair Credit Reporting Act (FCRA). I understand and agree that if offered employment by the Organization, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Organization. If employed by the Organization, I further authorize the Organization to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Organization for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Organization, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Organization. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Organization in accordance with state and/or federal laws. The Organization will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Organization with any additional consents(s) and/or release(s) as required by the Organization to investigate my employment application.
- F. The Organization may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. The Organization may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Organization, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Organization.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Organization if I am employed by the Organization.

Authorization/Signature of applicant: _____

Date: _____