



Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. A Résumé Is Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applications are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Position Applied For _____ (list only one)

Name: _____

Telephone Number: _____

Alternate or Cellular Telephone Number: _____

Present Address:

Street, Apartment, or Unit Number

City State Zip Code

How long have you lived there? _____/_____ Years/ Months

Email Address (optional) _____

Desired Salary/ Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? ___Yes ___ No

Type of employment desired? ___ Fulltime ___ Part-time (Specify Hours) _____

Are you willing to work overtime? ___Yes ___No Date on which you can start work if hired _____

Have you previously applied for employment with this Agency? ___Yes ___No

If yes, when and where did you apply? _____

Is a member of your family employed by this Agency or on the Agency's Board of Directors? ___Yes ___No

Have you ever been employed by this Agency? ___Yes ___No If yes, provide dates of employment, location, and reason for separation from employment.

1. Have you ever been convicted of a felony crime?

___Yes ___No

NOTE: Answering “yes” to the above does not constitute an automatic bar to employment. The Agency will consider the nature of the crime, it’s seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local, or federal law.

If you answered yes to the preceding question, please give dates and details for each incident.

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc).

| Education | School Name and Location (Address, City, State) | Course of Study/Degree/Major | Graduate? And # of Years Attended |
|-----------|--|---------------------------------|-----------------------------------|
| | | | |
| | | | |

Please indicate any foreign languages you speak, read and/or write below

| | Fluent | GOOD | FAIR |
|--|--------|------|------|
| | | | |
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REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

| NAME | POSITION | COMPANY | WORK RELATIONSHIP (i.e., supervisor, co-worker) | TELEPHONE |
|------|----------|---------|--|-----------|
| | | | | |
| | | | | |

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

| NAME | OCCUPATION | ADDRESS | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|------------|---------|-----------|--------------------------|
| | | | | |
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APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on, possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Agency may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Agency has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS AGENCY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE AGENCY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE

AGENCY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME WITHOUT THE APPROVAL OF THE CEO.

I authorize the Agency or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If hired by this Agency, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Agency. I also understand this Agency employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTH (6) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Agency to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Agency personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian (If under 18)

Date

Witness

Date