



APPLICATION FOR EMPLOYMENT

Please Print (Provide copy with New Hire Packet)

1. INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2. APPLICANT INFORMATION

Position Applied for: _____

Full Name: _____

Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: () _____

E-mail Address: _____

Cell Phone: _____

Date available: _____

Are you under the age of 18? _____

YES NO

(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.)

Are you authorized to work in the U.S.? _____

YES NO

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Have you previously filed an application with this company: _____

YES NO

If yes, when? _____

Have you ever worked for this company? _____

YES NO

If yes, when? _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Type of employment desired: Full-time Part-time Temporary

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings? Yes No

If required, are you available to travel? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.)

YES NO

Do you have any pending criminal charges: _____

YES NO

If yes, provide details including dates: _____

PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

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3. SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Other Languages: (Please indicate if read, written or spoken.)

Driver's License (for positions requiring): Do you have a valid driver's license Yes No

If yes, Driver's License #: (Class: A B C D E) State: Expiration Date:

4. EDUCATION

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

5. REFERENCES

Please list three individuals, not relatives whom you have known at least one (1) year..

Full Name: Years Known:

Company: Phone: ()

Address:

Full Name: Years Known:

Company: Phone: ()

Address:

Full Name: Years Known:

Company: Phone: ()

Address:



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6. PREVIOUS EMPLOYMENT

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Please provide an explanation for any lapse of employment: _____

Have you ever been dismissed or forced to resign from an employment? Yes No If yes, please explain _____

7. MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



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APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of Easterseals, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for Easterseals or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify Easterseals from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with Easterseals. In addition, if I am employed by Easterseals, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with Easterseals is for no guaranteed period of time and may be terminated by myself, or Easterseals with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Easterseals' Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Easterseals and myself.

Note: Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

EASTERSEALS' STATEMENT

Easterseals complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If Easterseals extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

Easterseals is an equal employment opportunity employer. It is the policy of Easterseals to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with Easterseals should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with Easterseals, a consumer report and/or investigative report, which may contain public record information, may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with Easterseals.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

APPLICANT SIGNATURE:

Signature: _____ Date: _____