



Application for Employment

501(c) Services Is An Equal Opportunity Employer.

Position applying for: _____ **Hourly Rate/Salary Desired** _____

Are you seeking? ☐ Full Time ☐ Part Time ☐ Temporary **Date You Can Start** _____

Personal Information: (Incomplete information could disqualify you from further consideration.)

Name: (First, Middle, Last) _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number to Reach You: _____ Email Address: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.) ☐ Yes ☐ No

Can you work any shift? ☐ Yes ☐ No

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age or older? (If no, you may be required to provide authorization to work.) ☐ Yes ☐ No

Background:

Are you currently employed? ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide organization names and contacts:

If applicable for position applying for:

Do you have a driver's license? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license number: _____ State of Issue: _____ Operator: _____ Commercial (CDL): _____

Expiration Date: _____

Have you had any accidents during the last three years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? _____

WORK EXPERIENCE

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer: _____ Supervisor: _____

Telephone: _____ Employed: _____
From (mo/yr) / To (mo/yr) /

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Reason for Leaving: _____
Start: _____ Ending: _____

Duties:

Name of Employer: _____ Supervisor: _____

Telephone: _____ Employed: _____
From (mo/yr) / To (mo/yr) /

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Reason for Leaving: _____
Start: _____ Ending: _____

Duties:

Name of Employer: _____ Supervisor: _____

Telephone: _____ Employed: _____
From (mo/yr) / To (mo/yr) /

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Reason for Leaving: _____
Start: _____ Ending: _____

Duties:

EDUCATION & TRAINING

Name of School	City/State	No. Years Attended	Subjects/Major	Degree Y/N
High School				
Trade or Business School				
College or University				
Graduate School				

Licenses or Certifications:

Name/Type: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____

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Skills:

Special skills, experience and/or training that would enhance your ability to perform the position applied for.

Equipment and/or Computer Skills:

REFERENCES: (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)

Name: _____ Address/Phone: _____ Occupation: _____ #Years Known: _____

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Acknowledgement

Please Read Carefully Before Initialing & Signing

It is the policy of 501(c) Services to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, religion, gender, gender identity or expression, sexual orientation, age, national origin, marital status, genetics, disability, or veteran status. This application will be given every consideration, and its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the organization will be considered for employment. Should more than one qualified person make application, the organization reserves the right to select the applicant that, in its opinion, possesses the best qualifications.

501(c) Services expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of 501(c) Services employees to perform their job duties may result in disciplinary action up to and including discharge.

In making this application for employment an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, or other acquaintances, should the position require. Such an inquiry would include information as to character, general reputation, personal characteristics. An applicant has the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of this investigation.

initial – read & understood

Authorization

Please Read Carefully Before Initialing & Signing

- _____ initial I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the organization may refer, to give any and all information regarding my background if requested (this includes a thorough background check when appropriate to the position and organization.).
- _____ initial If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the organization, reflect adversely on the organization.
- _____ initial If employed, I agree to maintain confidentiality regarding any information concerning the organization that may come to my knowledge. Further, I agree to comply with all of the policies and regulations of the organization as set forth in the organization's employee handbook or other communications distributed to all employees.
- _____ initial I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the organization to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the organization my employment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the organization or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer of the organization
- _____ initial I attest with my signature below that I have read all of the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years of age and am legally authorized to work in the United States. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself and the organization for either employment or for the providing of any benefit.
- _____ initial I understand that as a condition of this application and any employment, I may be required to submit to testing for the presence of illegal drugs. I hereby consent to such testing. I further acknowledge that no promise or guarantee is binding upon the organization unless made in a written contract of employment as described above.

Applicants Signature: _____ **Date:** _____

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did?