THE ARC OF WALKER COUNTY APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please print.

Date:							
Position(s) applied for or type of work desired:							
Applicant name:							
Mailing Address:							
Telephone #: Alternate Phone #:							
Email Address:							
Type of employment desired: Full-time Part-time		Temporary					
Date you will be available to start work:							
Are you able to meet the attendance requirements?	Yes	No					
Do you have any objection to working overtime if necessary?	Yes	No					
Are you available for weekend work?	Yes	No					
Can you travel if required by this position?	Yes	No					
Have you ever been previously employed by our organization?	Yes	No					
If yes, please list dates of previous employment and position:							
Do you have friends or relatives currently employed by The Arc?	Yes	No					
If yes, who? Relationship?							
Can you submit proof of legal employment authorization and identity?	Yes	No					
If you are under 18, can you furnish a work permit if it is required?	Yes	No					
Have you ever been convicted of a crime?	Yes	No					
If yes, please explain (a conviction will not automatically bar employment):							
Drivers license number: State license was issued:	:						
How were you referred to us?							

EMPLOYMENT HISTORY

List you last four employers, assignments or volunteer activities starting with the most recent (including military experience). Explain any gaps in employment in the comments section below.

Employer:		Position held:	
		Telephone #:	
Immediate supervisor and title:		-	
Dates employed: from	to	Ending Salary:	
Job summary:			
Reason for leaving:			
Employer:		Position held:	
		Telephone #:	
Immediate supervisor and title:		= = = =	
Dates employed: from	to	Ending Salary:	
Job summary:			
Reason for leaving:			
Employer:		Position held:	
		Telephone #:	
Immediate supervisor and title:			
Dates employed: from	to	Ending Salary:	
Job summary:			
Reason for leaving:			
Employer:		Position held:	
		Telephone #:	
Immediate supervisor and title:			
		Ending Salary:	
Job summary:			
Reason for leaving:			

Additional comments regarding gaps in employment and employment history:

Other Skills, Qualifications, and Licenses

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

List any professional, trade, business or civic association and any offices held:

REFERENCES

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

 Name:
 Phone Number:
 Years Known:

 Name:
 Phone Number:
 Years Known:

 Name:
 Phone Number:
 Years Known:

EDUCATION BACKGROUND

List the last three schools attended, starting with the most recent, number of years completed, indicate if you graduated, degree or diploma earned, and major field of study.

School Name City, State	Years Completed	Did You Graduate?	Degree or Diploma	Major field of study

Applicant Statement:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer, may terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that this employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

This application is current for thirty days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that employment is conditional and based upon background checks and drug screen results.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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Λnn	licant	signature:	
AUU.	ncant	signature.	

Date:

This Application Does Not Constitute A Contract