

APPLICATION FOR EMPLOYMENT



Name _____

Date _____

Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (do not list "*any*")

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT

DATE: _____ POSITION APPLIED FOR: _____

Referred by: _____ Date Available for Work: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print in ink or use keyboard. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at The Home of the Innocents. Keep this in mind as you complete it. **Special Note:** You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. The Home of the Innocents does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, gender orientation/identify, gender preference, or any other legally protected class. You may request assistance in completing this application.

PERSONAL

Name _____ Preferred Telephone Number: () _____

First MI Last
Street _____ Box _____ City _____ ST _____ Zip _____

Alternate Phone Number _____ E-Mail Address _____ @ _____

If younger than 18, state your age here _____ Are you legally entitled to work in the United States? ** ☐ yes ☐ no

**Compliance with I-9 requirements is mandatory, upon employment

If a job offer is made to you, we will conduct a criminal record check of felony convictions. Check the box to indicate that you understand we may withdraw the job offer if the criminal record check is unfavorable. ☐ I understand.

Have you ever been convicted of a moving traffic violation? ☐ yes ☐ no If yes, list all here: _____

Have your driving privileges ever been revoked or suspended? ☐ yes ☐ no If yes, list here when and why: _____

Do you currently hold a Commercial driving license (CDL)? ☐ yes ☐ no

EDUCATION

Did you graduate from High School? _____ If no, last grade completed _____ Grade Average _____

College or university (Name and location) _____

College or university (Name and location) _____

Please initial here to certify that your college degree was earned through the actual completion of college level course work and conferred by an accredited college or university where you completed your coursework. _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

License(s), including the state of issue and the number: _____

MILITARY ☐ not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable to working here _____

GENERAL EMPLOYMENT INFORMATION

- List here all of the equipment with which you have experience and training. (Examples: medical equipment, computer, printer, vehicles, tools, cooking equipment, etc.): _____
- Are you willing to relocate? _____ If yes, state location preferred _____
- How much salary do you expect to be paid? \$ _____ per hour or \$ _____ per week or \$ _____ per year

4. Hours you are available per week? _____ ☐ No preference
4. Type of work sought: ☐ regular full time ☐ regular part time ☐ temporary ☐ seasonal ☐ as needed
5. Which of the following are you available: **Days:** ☐ yes ☐ no **Nights:** ☐ yes ☐ no **Weekends:** ☐ yes ☐ no
Holidays: ☐ yes ☐ no **Shift Work:** ☐ yes ☐ no
6. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):
- | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? ☐ yes ☐ no ☐ don't know
 •If no, indicate reason: ☐ need different hours ☐ need different days ☐ need more training ☐ need a driver
 Other, (explain accommodation needed:)
8. Are you currently under a non-compete or non-solicitation agreement that will prevent you from working for a business in our industry? ☐ yes ☐ no If yes, please explain and list the date the agreement expires: _____

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EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer _____
 Address _____
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired
 Dates Employed _____ to _____ ☐ Laid Off Why? _____
 For Job Reference, call _____ at _____
☐ Please do not contact this employer. Why not? _____

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2. Employer _____
 Address _____
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired
 Dates Employed _____ to _____ ☐ Laid Off Why? _____
 For Job Reference, call _____ at _____
☐ Please do not contact this employer. Why not? _____
3. Employer _____
 Address _____
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired
 Dates Employed _____ to _____ ☐ Laid Off Why? _____
 For Job Reference, call _____ at _____
☐ Please do not contact this employer. Why not? _____
4. Employer _____
 Address _____
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired
 Dates Employed _____ to _____ ☐ Laid Off Why? _____
 For Job Reference, call _____ at _____
☐ Please do not contact this employer. Why not? _____

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In the following space, please describe any special knowledge, skills, or abilities that will bring added value if you are employed here.

Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

Name: _____ Phone No. (____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (____) _____

Employer: _____ Location: _____ Position: _____

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with The Home of the Innocents and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either The Home of the Innocents or me. I understand that no representative of The Home of the Innocents, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of The Home of the Innocents, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of The Home of the Innocents.
- V. I understand that I will be required to submit to a pre-employment, and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize The Home of the Innocents to withhold from my final paycheck any monies owed by me (if not prohibited by law) for equipment, loans, products, services, uniforms unreturned, benefits advanced that I have not earned, materials, or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law or contract, before any other legal action is taken.

DATE _____ **SIGNATURE** _____

SCREENER/INTERVIEWER:
