



EMPLOYMENT APPLICATION

Our agency is an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, color, religion, national origin, veteran status or disability.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

I. PERSONAL BACKGROUND INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone No.: _____ S.S. No.: _____ Date of Birth: _____

What position are you applying for? _____ Required Salary: _____

Full-Time () Part-Time () Summer () Temp/Substitute () Date Available: _____

Marital Status: Single () Married () Other () - Specify _____

No. of Dependents: _____ Ages of Dependents: _____

If you are under age 18, can you submit a work permit if hired? _____

If you are not a U.S. Citizen, do you have a visa to work in the U.S.? _____

If yes, what kind of visa classification? _____

Visa Registration No.: _____ Expiration Date: _____

Has bond or security clearance ever been denied and/or canceled? Yes () No ()

If yes, please explain: _____

Have you ever been convicted of a criminal offense (*misdemeanor or felony*)? Yes () No ()

If yes, provide details, including date, place, nature of offense and sentence:

Have you ever been found by credible evidence (*e.g., a court or jury, a department investigation or other reliable evidence*) to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced initially by an oral or written statement to this effect obtained by the administrator at the time of the caregiver's employment? Yes () No ()

If yes, provide details including date, place and nature of the offense and sentence:

Have you worked for our Agency? Yes () No () If yes, when? _____

II. EDUCATIONAL BACKGROUND

School Name, City / State *	Did you Graduate?	Date Graduated?	Major Area of Study	Type of Degree	Grade / Rank
<i>High School</i>					
<i>College</i>					
<i>Post-Graduate Program</i>					
<i>Technical/Vocational Program</i>					
<i>Other</i>					

* If you are offered a position in this Agency, you may have to provide a copy of your transcripts and/or degree(s) as a condition of employment.

III. WORK RELATED SKILLS

1. Please list any skills or abilities you have acquired that directly relate to the job for which you are applying (i.e., First Aid, CPR, etc.):

2. List any clubs, organizations, societies or professional groups you have been or are a member of which have a direct bearing upon your qualifications for the job for which you are applying.

3. List any awards, honors, certificates or training, etc. which directly relate to the job for which you are applying.

4. List any hobbies or special interest that you have which have a direct bearing on the job for which you are applying. _____

IV. PERSONAL CAPABILITIES/RESPONSIBILITIES

Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. This reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required.

If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs and if it will impact your ability to perform the job for which you are applying.

1. Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? Yes () No ()

If no, please explain: _____

2. If this job is offered to you it will be contingent upon your ability to pass a job related medical exam. Are you willing to take a physical exam including a TB test and any other tests or vaccines required by State and Federal law at your own expense? Yes () No ()

If no, please explain: _____

3. What hours would you prefer to work? _____

V. PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Phone Number

In case of an accident or an emergency, please notify:

Name Address Phone

VI. SUPPLEMENTAL INFORMATION

If you have served in the Armed Forces, please give service, dates, highest rank attained and indicate any experience related to this type of position you are applying for:

Driver's License History <i>(List all for past 10 years)</i>				
State	License Number	Type of License	Restrictions	Expiration Date

Any employees who operate agency vehicles must be at least 18 years of age or older and will have their driving record reviewed by the Agency's insurance agent prior to job approval.

Are any members of your immediate family or household presently working: (a) with Ninth District Opportunity, Inc. as an employee, or on a Committee or in any other advisory capacity? Yes () No (); (b) Under a transportation contract to Ninth District Opportunity, Inc.? Yes () No (); (c) Are any members of your immediate family or household renting property or equipment to Ninth District Opportunity, Inc.? Yes () No (); (d) Are any members of your immediate family or household now being considered for employment with Ninth District Opportunity, Inc.? Yes () No () If any answer to a question is yes, please explain:

VII. 10 YEAR EMPLOYMENT HISTORY

Begin with your most recent experience. If there are periods of time you were not working to go to school, take care of family, etc., please include them here. A complete 10 year history is required to comply with state licensing rules.

Company Name, Address, Phone #	Dates Of Employment	Position	Supervisor's Name & Title	Reason For Leaving	Salary Start/End

VIII. APPLICANT'S CERTIFICATION

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize this company to contact any company or individual deemed appropriate to investigate my employment history, character and qualifications. I give my full and complete consent to the revealing of any and all information necessary as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of this company. I understand that the taking of drug and alcohol tests, when given pursuant to Agency policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I also understand that my employment is "at-will" and may be terminated by myself or the Agency at any time, for any reason at all, with or without prior notice.

Signature

Date