

Self-Reliance Employment Application

All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or disability

Position(s) applied for:

Rate of pay expected \$_____ per hour, \$_____ per week, or \$_____ per year.

PERSONAL

Name

Last _____ First _____ Middle _____

Street Address _____ Telephone: _____

City _____ State _____ Zip _____

Would you work: Full-time _____ Part-time _____

Specify days & hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us, and their relationship

(this information will be used only to determine whether the relative would be in a subordinate or supervisory capacity to the position for which you have applied)

If we offer you a position, on what date will you be available for work?

Are you willing to work overtime? Yes No Can you travel if a job requires it? Yes No

Are you legally eligible for employment in the United States? Yes No

(Proof of citizenship or immigration status may be required upon employment)

Are you 18 years of age or older? Yes No

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

Are you on a layoff and subject to recall? Yes No

(For positions with duties that include driving, proof of a valid driver's license and insurability will be required)

BACKGROUND INFORMATION

1. Do you have a record of founded child or dependent adult abuse? Yes No
2. Have you ever been the subject of an investigation for abuse or neglect? Yes No
3. Have you ever been convicted of a crime, in this state or any other state? Yes No
4. Are you now under pending investigation or charges of violation of criminal law, or under pending investigation for any type of abuse or neglect? Yes No
5. Have you ever been the subject of any adverse action(s) related to any crime or fraud regarding any federal, state, or private health insurance or benefit program? Yes No

(A previous record of criminal conduct or founded abuse does not automatically prohibit employment; in addition, the applicant is not required to reveal sealed or expunged records of conviction or arrest)

If you answered "yes" to any of the questions in this section, please explain in the following section:

BACKGROUND INFORMATION (cont.)

Question # Explanation

GOALS

Please list your long-range occupational goals.

In addition to your work experience, what other experiences, skills, or qualifications would especially fit you for work with our agency?

EDUCATION/TRAINING

	Name and Location of School	Course of Study	# of Years Completed	Did you graduate?	Degree or Diploma
High School					
College					

Other: Business college or other special courses (include special military training)

OTHER SKILLS/ABILITIES

Please list other skills/abilities (including typing speed, computer hardware/software experience, business machines, etc.)

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Verified

Type	State Issued	Date	No.	
Type	State Issued	Date	No.	
Type	State Issued	Date	No.	

Area of specialization or major interest:

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. If necessary, attach additional pages.

1	Company Name	Telephone
	Address	Employed (month & year) From: _____ to _____
	Supervisor's Name	Weekly Pay Start: _____ Last _____
	Job Title	Basic Job Duties

	Reason for leaving	
2	Company Name	Telephone
	Address	Employed (month & year) From: _____ to
	Supervisor's Name	Weekly Pay Start: _____ Last
	Job Title	Basic Job Duties
	Reason for leaving	
3	Company Name	Telephone
	Address	Employed (month & year) From: _____ to
	Supervisor's Name	Weekly Pay Start: _____ Last
	Job Title	Basic Job Duties
	Reason for leaving	
4	Company Name	Telephone
	Address	Employed (month & year) From: _____ to
	Supervisor's Name	Weekly Pay Start: _____ Last
	Job Title	Basic Job Duties
	Reason for leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Please do not contact employer number(s): _____ Reason:

MILITARY SERVICE	
(Complete this section if you served in the U.S. Armed Forces)	
Describe your duties and any special training	Branch of Service
	Period of Active Duty (month & year) From: _____ to
	Rank at Discharge

Date of Final Discharge

REFERENCES

Please list three references who are not related to you and are not previous employers.

Name	Address	Telephone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Self-Reliance.

I understand that any employment with Self-Reliance is for an indefinite time period and that it may be terminated by either party at any time for any lawful purpose.

Signature of Applicant

Date

Self-Reliance

Driver's license number _____ Expiration Date _____

Restrictions on license _____

Type of License _____

In the last three years, has your driver's license been revoked or suspended driving under the influence, manslaughter, or reckless homicide? Yes No

In the last five years, have you caused an accident which resulted in death? Yes No

In the last ten years, have you at any time:

a) Been convicted of more than two moving violations in any year? Yes No

- b) Been convicted at any time of driving under the influence of alcohol or drugs, or been the subject of deferred prosecution or probation as a result of having entered into a plea of any kind to such charges? Yes No
- c) Been convicted of reckless driving? Yes No
- d) Had your license suspended or revoked in any state? Yes No
- e) Been involved in more than three personal injury accidents? Yes No

If you answered "yes" to any questions above, then below (or on an attached sheet, if necessary) please provide complete information regarding the incident, including the county and state of any court which entered applicable orders, the state for any driving convictions or suspensions, and a general description of the facts.

WORK AVAILABILITY SCHEDULE

Applicant Name (please print) _____ Date _____

I would like to work up to _____ hours per week. I will be available to work the following days/times.

	7am	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11m	Overnight
M																		
T																		
W																		
TH																		
F																		
SA																		
SU																		

TRAINING AVAILABILITY SCHEDULE

I would be available for training the following days/times.

	8 am	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm
M													
T													
W													
TH													
F													
SA													

Employees, Interns, Volunteers, or Temporary Employees

Self-Reliance policy requires that a criminal background check be completed on all employees, interns, volunteers, or temporary employees. A criminal history background check will be requested and the organization will not hire an individual, provide employment, or provide an internship, volunteer, or temporary employment assignment to anyone with a conviction for the offenses listed below.

1. Murder, solicitation of murder, solicitation of murder for hire, homicide, manslaughter or concealment of a homicidal death;
2. Kidnapping or child abduction, indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography;
3. Unlawful restraint or forcible detention;
4. Assault, battery or infliction of great bodily harm, heinous battery, tampering with food, drugs, or cosmetics, home invasion, predatory criminal sexual assault of a child;
5. Sexual assault or sexual abuse;
6. Abuse or gross neglect of a long term care facility resident;
7. Criminal abuse or neglect of a child, an elderly or disabled person;
8. Theft, financial exploitation of an elderly or disabled person, robbery or burglary; 9. Forgery
10. Criminal trespass;
11. Vehicular hijacking, aggravated vehicular hijacking, aggravated robbery;
12. Armed violence – elements of offense;
13. Arson;
14. Unlawful use of weapons or aggravated discharge of a firearm;
15. Manufacture, delivery or trafficking of cannabis;
16. Manufacture, delivery or trafficking of controlled substances.

Regarding this request for records that pertain to you, you have the right to:

- obtain a copy of the records report
- challenge the accuracy and completeness of the report
- request a waiver from the organization
- not disclose information regarding sealed or expunged records and may not be asked to reveal such information

BACKGROUND CHECK AUTHORIZATION

I authorize Self-Reliance to obtain a criminal history record check and a search of criminal records and understand that my failure or refusal to sign this form shall result in Self-Reliance refusal to consider me for employment, internship, volunteer experience or temporary employment.

I further understand that I will not be employed, or my employment, internship, volunteer experience, or temporary employment assignment may be terminated immediately if the criminal records report indicates that I have been convicted of the crimes listed previously, unless my record is cleared or I obtain a waiver from the organization.

PLEASE PRINT

Last Name:

_Other Names Used (e.g. maiden name)

First Name:

Middle Name:

SS# _____ Date of Birth

Street Address: _____ City:

State:

Zip: _____ Sex: Male Female

Race: Asian American Indian/Alaskan Black White Unknown

Signature: _____