



## EMPLOYMENT APPLICATION

|                               |                               |                       |                 |
|-------------------------------|-------------------------------|-----------------------|-----------------|
| <b>Last Name</b>              | <b>First Name</b>             | <b>Middle Name</b>    |                 |
| <b>Home Phone</b>             | <b>Cell Phone</b>             | <b>E-mail Address</b> |                 |
| <b>Address</b>                | <b>City</b>                   | <b>State</b>          | <b>Zip Code</b> |
| <b>Social Security Number</b> | <b>Drivers License Number</b> | <b>State</b>          | <b>Type</b>     |

|                                |                      |                   |
|--------------------------------|----------------------|-------------------|
| <b>Spouse's Name</b>           | <b>Date of Birth</b> | <b>Occupation</b> |
| <b>Children and Their Ages</b> |                      |                   |

|  |                               |
|--|-------------------------------|
| <b>Do you have current First Aide certification?</b> _____                           | <b>Expiration Date:</b> _____ |
| <b>Do you have current CPR certification?</b> _____                                  | <b>Expiration Date:</b> _____ |
| <b>Are you willing to transport clients in your automobile when necessary?</b> _____ |                               |
| <b>Auto Insurance Company:</b> _____   | <b>Policy Number:</b> _____   |

**Preferences for providing care (check all that apply)**

Male \_\_\_\_\_ Female \_\_\_\_\_ Adults only \_\_\_\_\_ Children only \_\_\_\_\_ Homemaking \_\_\_\_\_  
Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_ Overnight weekdays \_\_\_\_\_ Overnight weekends \_\_\_\_\_  
In my home \_\_\_\_\_ In participant's home \_\_\_\_\_ After school inclusion \_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Special Qualifications, Skills, Training: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of an offense in a court of law? \_\_\_\_\_ If "Yes," give date, details and penalties for each occurrence on an attached sheet of paper. Do not include minor traffic violations. An answer of "Yes" to this question does not constitute an automatic bar to employment.**

**EDUCATION AND TRAINING**

Do you have a H.S. Diploma? \_\_\_\_\_ School Graduated from? \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Do you have a GED? \_\_\_\_\_ Date of diploma: \_\_\_\_\_  
College or Vocational School      From-To      Major      Minor      Degree      Date of graduation

**REFERENCES**

(List 5 references that are not family, such as teachers, clergy, co-workers, previous employers, etc.)

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

**WORK EXPERIENCE**

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

**\*\*\* With your completed application, please include two (2) letters of reference.**

**Please Read Carefully:**

I understand that The Arc of Natrona County, Inc. will perform a DCI/FBI/DFS background check to ensure that the health and safety of Arc participants is maintained at all times. I am aware that I am monetarily responsible for the cost of DCI/FBI screening (\$39.00), and that I will be reimbursed for this cost after six months of gainful employment. I recognize that if I am not hired or if the results of my background check do not meet the standard for employment, I am not eligible to recoup this cost.

I understand that The Arc of Natrona County, Inc. is a drug and alcohol free environment, and that I will be subject to pre-employment, random, and reasonable suspicion testing. I am aware that I am monetarily responsible for the pre-employment drug and alcohol screening (\$35.00) and that I will be reimbursed for this cost after 30 days of gainful employment. I recognize that if I am not hired or if I do not pass the pre-employment drug and alcohol screening, I am not eligible to recoup this cost.

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or falsifications may affect my employment consideration or dismissal. I give the Arc of Natrona County and its authorized agents, permission to verify and job related information given in connection with this application.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use Only:**

**This applicant was not on the list of excluded individuals on the Office of Inspector General's website.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**