



EMPLOYMENT APPLICATION

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

Spouse's Name	Date of Birth	Occupation
Children and Their Ages		

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

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: _____	

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Employed From: _____ To: _____	Hours per week: _____ Your Title: _____
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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 the cost of DCI/FBI/DFS screening is \$49.00, and that The Arc of Natrona County will pay this cost up front. If I do not remain employed for at least 90 days then I understand that The Arc of Natrona County will take this cost for my background check out of my final paycheck. I also recognize that if the results of my background check do not meet the standard for employment then I am responsible for this cost to The Arc of Natrona County.

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 the cost of the pre-employment drug and alcohol screening is \$35.00, and that The Arc of Natrona County will pay this cost up front. If I do not remain employed for at least 90 days then I understand that The Arc of Natrona County will take this cost for my pre-employment drug and alcohol screening out of my final paycheck. I also recognize that if I do not pass the pre-employment drug and alcohol screening then I am responsible for this cost to The Arc of Natrona County.

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
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