

OutReach Residential Services, Inc. Employment Application

Employees of OutReach Residential Services, Inc. & applicants for employment shall be afforded equal opportunities in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

1. Position applied for: _____

2. Social Security No.: _____

3. Full legal name: _____

5. Address: _____

6. Home telephone: _____ Cell Number: _____ E-mail: _____

7. Education:

1. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed: _____

2. If you did not complete high school, do you have a GED? Yes _____ No _____ Date Received: _____

3. Circle number of years of post high school education 1 2 3 4 5 6 7

Name & Location
of Institution

Hrs.

Degree received

Major or
Specialty

Minor

Dates
Attended

Name & Location of Institution	Hrs.	Degree received	Major or Specialty	Minor	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date:

Degree: _____ Completion Date: _____

Certifications:

DATE COMPLETED

EXPIRATION DATE

	DATE COMPLETED	EXPIRATION DATE
CPR		
FIRST AID		
MEDICATION MGT.		
TOVA		

May we contact your present and past employer? Yes _____ No _____

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Starting with the most recent, describe all paid, military and applicable voluntary experiences. Highlighting your knowledge, skills and abilities which best demonstrate your qualifications for this position.

Company Name: _____ Job title _____
Employer & Address: _____
Telephone Number: _____ Supervisor: _____
Rate of Pay hourly: _____ Bi-weekly _____ Monthly _____
Starting Date: _____ Ending Date: _____

Were you ever in a supervisor position? Yes _____ No _____ if so, how many people did you supervise?

Job Duties:

Company Name: _____ Job title _____
Employer & Address: _____
Telephone Number: _____ Supervisor: _____
Rate of Pay hourly: _____ Bi-weekly _____ Monthly _____
Starting Date: _____ Ending Date: _____

Were you ever in a supervisor position? Yes _____ No _____ if so, how many people did you supervise?

Job Duties:

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Employer & Address: _____

Telephone Number: _____ Supervisor: _____

Rate of Pay hourly: _____ Bi-weekly _____ Monthly _____

Starting Date: _____ Ending Date: _____

Were you ever in a supervisor position? Yes _____ No _____ if so, how many people did you supervise?

Job Duties:

Company Name: _____ Job title _____

Employer & Address: _____

Telephone Number: _____ Supervisor: _____

Rate of Pay hourly: _____ Bi-weekly _____ Monthly _____

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Were you ever in a supervisor position? Yes _____ No _____ if so, how many people did you supervise?

Job Duties:

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Additional Information:

Use this additional space if you think you have information that would help us evaluate your application, including training, seminars, workshops, special achievements and/or specialized skills.

License (to include drivers) certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by

What are your available hours? Please state the time frame for each day, and AM or PM

Days: Mon. Tue. Wed. Thur. Fri. Sat. Sun.

Hours: _____ _____ _____ _____ _____ _____

Please check the status you will accept: Part Time: _____ or Full Time: _____

For purpose of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? _____ Yes _____ No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been convicted of a law violation, including moving violations, founded allegations of abuse?

_____ Yes _____ No If yes, lists all and explain:

When will you be available to start work: _____ Month _____ Day _____ Year.

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Professional References:

Name	Address	Telephone Number	Relationship

CERTIFICATION:

Each application required current date and original signature:

I hereby certify that all entries on all pages are true and complete, and I agree and understand that any falsification of information herein, regardless of time or discovery, may cause forfeiture on my part to any employment in the service of OutReach Residential Services, Inc. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize OutReach Residential Services, Inc. to rely upon and use as it is fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown.

Applicant Signature: _____ Date: _____