



# APPLICATION FOR EMPLOYMENT

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

### ANSWER ALL QUESTIONS - PLEASE PRINT

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Applicant's Name (Last) (First) (Middle)   |   | Applicant's Preferred Name  |  | Date of Application   |  |
| Applicant's Address (Street)   |   |   |  | Applicant's Email Address   |  |
| Applicant's Address (City, State, Zip)   |   |   |  |   |  |
| Telephone<br>( ) _____ - _____   |   | Business telephone where you can currently be reached<br>( ) _____ - _____  |  | May we contact you there?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |  |
| Position(s) Applied For (List Job Titles)  |   |   | Status for Position Applied For:<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time<br><input type="checkbox"/> Temporary |   | Semester: (If Part Time/Temporary):<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Summer<br><input type="checkbox"/> Fall |
| Referral Source <input type="checkbox"/> Advertisement<br><input type="checkbox"/> Job Fair  |   | <input type="checkbox"/> UofA/SLPro Volunteer<br><input type="checkbox"/> Employee  |  | <input type="checkbox"/> Facebook <input type="checkbox"/> United Way<br><input type="checkbox"/> Other _____ |  |
| Are you willing to run errands as needed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited                 |   | Are you willing to volunteer during events?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited  |  | Salary Requirements   |  |
| Date Available for Work  |   |   |  |   |  |
| Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give date(s)               |   |   |  |   |  |
| Are you 18 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Do you agree to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |
| List any friends or relatives employed by the company.   |   |   |  |   |  |
| What is the relationship?  |   |   |  |   |  |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |  |   |  |
| If yes, provide all detail   |   |   |  |   |  |
| Are you licensed to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what state? _____ License # _____                       |   |   |  |   |  |
| Is your license currently under suspension for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.            |   |   |  |   |  |
| <b>EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)</b> |   |   |  |   |  |
| Date From  | Employer Name   |   | Employer Address   |   |  |
| Date To  | Employer Phone Number   | Job Title   |  | Starting Salary / Hrly Rate   | Final Salary / Hrly Rate   |
| 1  | Supervisor  | Reason for Leaving  |  |   |  |
|  | Work Performed  |   |  |   | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name? |   |  |   |  |
| Date From  | Employer Name   |   | Employer Address   |   |  |
| Date To  | Employer Phone Number   | Job Title   |  | Starting Salary / Hourly Rate   | Final Salary/Hourly Rate   |
| 2  | Supervisor  | Reason for Leaving  |  |   |  |
|  | Work Performed  |   |  |   | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name? |   |  |   |  |
| Date From  | Employer Name   |   | Employer Address   |   |  |

|           |  |                    |                             |   |
|-----------|--|--------------------|-----------------------------|---|
| Date To   | Employer Phone Number  | Job Title          | Starting Salary / Hrly Rate | Final Salary / Hrly Rate  |
| 3         | Supervisor   | Reason for Leaving |                             |   |
|           | Work Performed   |                    |                             | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, What name? |                             |   |
| Date From | Employer Name  | Employer Address   |                             |   |
| Date To   | Employer Phone Number  | Job Title          | Starting Salary / Hrly Rate | Final Salary / Hrly Rate  |
| 4         | Supervisor   | Reason for Leaving |                             |   |
|           | Work Performed   |                    |                             | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, What name? |                             |   |

**PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS**

| Dates | Reason |
|-------|--------|
|       |        |
|       |        |
|       |        |

**REFERENCES (List professional references only. Do not list friends or relatives)**

| Name and Title | Address / Phone Number |
|----------------|------------------------|
|                |                        |
|                |                        |
|                |                        |

| Education       | Name and Address of School | Course of Study | Did you Graduate? | List Diploma / Degree |
|-----------------|----------------------------|-----------------|-------------------|-----------------------|
| High School     |                            |                 |                   |                       |
| College         |                            |                 |                   |                       |
| Other (Specify) |                            |                 |                   |                       |

Do schools know you by another name?  Yes  No If Yes, what name(s) are you known by?

**PRE-EMPLOYMENT STATEMENT**

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be ground both for rejecting my Application for employment and, should I be hired by Arts 'n Autism Inc. termination of my employment.

I authorize representatives of Arts 'n Autism Inc. to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history records checks) and employers designated in this Application for purposes of verification and investigation of my educational, criminal record, driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Arts 'n Autism Inc. representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Arts 'n Autism Inc., termination of my employment. Should I be employed by Arts 'n Autism Inc., I understand that I could be subject to an outside probe if accused of wrongdoing.

Submission of the application does not entitle me to be interviewed by Arts 'n Autism Inc. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Arts 'n Autism Inc. to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Arts 'n Autism Inc. makes a decision on whether or not to hire me or until the 30th day after submission of this application to Arts 'n Autism Inc., whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Arts 'n Autism Inc. in order to be considered for employment. Should I be employed by Arts 'n Autism Inc., I agree to comply with any and all employment rules and policies of Arts 'n Autism Inc.

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Arts 'n Autism Inc. is on an "at-will" basis, meaning that such employment may be permanently discontinued by either Arts 'n Autism Inc. (through discharge or lay/off) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between Arts 'n Autism Inc. and me on the subject of discharge, termination and/or layoff, and it may not be changed. I agree to conform to the Arts 'n Autism's rules and I also agree that I shall be subject to other conditions, which Arts 'n Autism Inc. may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_