

FOR OFFICE USE:

**Position(s):**

Screening Interview: \_\_\_/\_\_\_/\_\_\_ Second Interview: \_\_\_/\_\_\_/\_\_\_  
ID & work authorization verified \_\_\_/\_\_\_/\_\_\_

Position(s):



# Restorative Partners Employment Application

An Equal Opportunity Employer. At-Will Employer. We drug-test all applicants.

**Please Print**

### Job Objective

Position(s) applying for: 1<sup>st</sup> Choice: \_\_\_\_\_  FT  PT  
2<sup>nd</sup> Choice: \_\_\_\_\_  FT  PT

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Date available to start: \_\_\_\_\_ Will you travel if job requires it?  Yes  No

Referral Source:  Advertisement  Employee  Relative  Walk-in

Other: \_\_\_\_\_

### Availability

**Hours available to work Monday through Sunday: (List below)**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
FROM							
TO							

### Your Personal Information

**Present Address & Phone Numbers**

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Business Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Cell phone

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

What is the best time to contact you?  Morning  Afternoon  Evening

May we contact you at work?  Yes  No (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Business Phone

Best time to contact at work: \_\_\_\_\_

1. Do you have any friends or relatives working for Restorative Partners?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
 Name Relationship Position Held

2. Have you ever applied to or worked for Restorative Partners before?  Yes  No

If yes, when? \_\_\_\_\_

3. If hired, would you have a reliable means of transportation to and from work?  Yes  No

4. Are you at least 18 years old? .....  Yes  No

5. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

6. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
 \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

7. Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, explain:

\_\_\_\_\_

8. If hired for a position that requires driving for the company, can you provide a valid driver's license, proof of insurance and a current DMV record?  Yes  No

10. IN A FEW WORDS: Why do you want to work with this Organization?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education, Training and Experience**

A: List the last three schools attended, *starting with the most recent one*. B: List city & state of school. C: List number of years completed. D: Indicate any degree or diploma earned. E: Pertinent coursework. F: GPA

A: School Name	B: City & State	C: Years completed	D: Degree or diploma	E: Pertinent coursework	F: GPA

List any foreign languages and check the box(es) that best describes your skill level.

Language	Fluent: read, write, & speak	Read	Write	Speak

## Employment History

List below all present and past employment starting with your most recent employer (**last five years is sufficient**). Account for all periods of unemployment, Military service, and volunteer activities. You must complete this section even if attaching a resume. *Use reverse side of this paper if necessary to cover the 5 year period.*

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Name of Employer	( ) -	Telephone No.
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip

Dates of Employment: \_\_\_\_\_  
From To

---

Your Position and Duties

---

Reason for Leaving

May we contact this employer for a reference?  Yes  No  
If "No", Explain:

---

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Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip

Dates of Employment: \_\_\_\_\_  
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Your Position and Duties

---

Reason for Leaving

May we contact this employer for a reference?  Yes  No  
If "No", Explain:

---

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 First Name Last Name Telephone No.  
 \_\_\_\_\_  
 Address & Street City State Zip  
 \_\_\_\_\_  
 Occupation No. of Years Acquainted  
 \_\_\_\_\_  
 How are you acquainted? (Co-worker? Supervisor?, etc.)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 First Name Last Name Telephone No.  
 \_\_\_\_\_  
 Address & Street City State Zip  
 \_\_\_\_\_  
 Occupation No. of Years Acquainted  
 \_\_\_\_\_  
 How are you acquainted? (Co-worker? Supervisor?, etc.)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 First Name Last Name Telephone No.  
 \_\_\_\_\_  
 Address & Street City State Zip  
 \_\_\_\_\_  
 Occupation No. of Years Acquainted  
 \_\_\_\_\_  
 How are you acquainted? (Co-worker? Supervisor?, etc.)

**Skills**

List the relevant in which you feel experienced.

Equipment and/or Skills	Years	Check One:	
		Very Experienced	Moderately Experienced

Please furnish any other information you feel may be beneficial to your application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Restorative Partners to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Restorative Partners, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Restorative Partners. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Restorative Partners and that no promises or representations contrary to the foregoing are binding on Restorative Partners unless made in writing and signed by me and a Restorative Partners designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Restorative Partners of any such public records obtained by Restorative Partners unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

I understand and agree that a criminal background check will be conducted ONLY IF AND WHEN I receive a conditional offer of employment.

\_\_\_\_\_  
Date

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

*Note: This application will remain "open" for consideration for six months, after which, a new one must be submitted. Thank you.*