



Application for Employment

PRIDEStar Center for Applied Learning considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, sexual orientation, military service, or any other protected class. PRIDEStar Center for Applied Learning IS A DRUG-FREE WORKPLACE.

PLEASE PRINT

personal information

Name: _____ Date: _____
 (Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Email Address: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

I am interested in: Full Time Part Time Per Diem

For part-time applicants,
 please indicate the minimum and maximum number of hours you would ideally like to work (per week):

Minimum: _____ Maximum: _

please indicate (mark an X below) the days of the week/time of day that you are available:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| MORNING | | | | | | |
| AFTERNOON | | | | | | |
| EVENING | | | | | | |

Are you willing to work holidays/weekends/school vacation? Yes No

Are you willing to stay late in an emergency? Yes No

Are there hours that you are unable to work? _____

How did you find out about this position? _____

Do you have any relatives or friends working here? _____

Please list: _____

position information

Position(s) Applying For: _____

Have you ever worked for this organization? Yes No

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

certification information

(List only current certifications - photocopies required at interview)

| Certification | Certification Number | Expiration Date | Certifying Agency |
|---------------|----------------------|-----------------|-------------------|
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work requirements and general information

Can you provide proof, if hired, that you are legally authorized to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

employment history

(List your last three employers or volunteer activities, starting with the most recent.)

#1. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____

End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

#2. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____

End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

#3. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____

End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY:

| branch of service | date began | date ended | rank & duties | date discharged | location |
|-------------------|------------|------------|---------------|-----------------|----------|
| | | | | | |

past employment

Have you ever been:

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Disciplined or terminated for reckless driving? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for insubordination? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for violation of safety rules? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for assault or fighting? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for harassment? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for patient abuse? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Disciplined or fired for alcohol or drug related activity at work? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

education and training

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

references

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Email: _____

Occupation: _____

Years Known: _____ May we contact? YES NO

Telephone Number (including area code): _____

Name: _____ Email: _____

Occupation: _____

Years Known: _____ May we contact? YES NO

Telephone Number (including area code): _____

Name: _____ Email: _____

Occupation: _____

Years Known: _____ May we contact? YES NO

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Email: _____

How they know you: _____

Years Known: _____ May we contact? YES NO

Telephone Number (including area code): _____

Name: _____ Email: _____

How they know you: _____

Years Known: _____ May we contact? YES NO

Telephone Number (including area code): _____

acknowledgment

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances may require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries.

Applicant's Signature: _____

Date: _____

Printed Name: _____