



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.

Applicant Information				
First Name	Last Name			
Address	City		State	Zip Code
Phone	Email address			
Position you are applying for:			Desired	Wage:
Desired type of Employment: $\ \square$ Full Tim	ne □ Part Time □ PRN □ Co	ontract		
Can you provide proof of legal employme	ent authorization and identity?	☐ YES	□NO	
Have you ever been employed by either	Good Neighbor or East Central?	☐ YES	\square NO	
Do you have any family or friends emplo	yed by either of our agencies?	☐ YES	\square NO	
Are you at least 18 years of age?		☐ YES	\square NO	
Have you been convicted of any crime in	the past 7 years?	☐ YES	\square NO	
If yes, please explain. (A conviction will r	not automatically disqualify you f	rom empl	oyment)	
How did you learn about this job opports	unity? Please check all that apply	·.		
☐ Facebook post	, ''''			
☐ Facebook or Instagram ad				
☐ Friend or family member referred me				
☐ Handshake				
□ Indeed				
☐ LinkedIn				
☐ School job board				
☐ Website search				
☐ Other				





Employment History

Please provide all employment information for your past three employers or for the past 10 years, starting with the most recent.

#1 Employer Name Supervisor's Name			Position Held/Job Title Supervisor's Job Title			
Company Phone Number	Dates of Employment			Wage		
Job Summary			Reason for Leaving			
#2 Employer Name			Position Held/Job	Title		
Supervisor's Name			Supervisor's Job Ti	tle		
Company Address		City		State	Zip	
Company Phone Number	Dates of Employment			Wage		
Job Summary		Reason for Leaving				
#3 Employer Name			Position Held/Job	Title		
Supervisor's Name			Supervisor's Job Title			
Company Address		 City		 State		





Company Phone Nui	nber Dates of E	mployment	Wag	e	
Job Summary			Reason for Leaving		
Other Skills and Q Please summarize an		certifications, languages, et	cc.		
Licensure Informa	tion				
Type of License		License Number	License Number		
Type of License		 License Number	License Number		
Any professional liab	oility actions that re	tion, reduction, or loss of cli sulted in a final judgement a stions, please explain.		☐ Yes ☐ No	
Education History List school name and	l location, graduation	on date, course of study, and	d degree earned		
	Location	Graduation Date	Course of Study	Degree Earned	
High School					
College/Technical			1		





By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize the employer to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide the employer with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I give permission to all current or previous employers and/or managers to discuss my personal and employment history with the employer, consent to the release of such information, and release them from all liability and all claims based upon any statements or information they provide.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one with the employer has the authority to make oral contracts of employment. If hired, my employment relationship is terminable at-will, with or without cause, by either myself or the employer.

I also understand that any offer of employment may be conditional upon my passing a background check and drug/alcohol test administered by a health care professional selected by the employer, to which I hereby consent.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and	that I seek employment under these conditions.
Applicant Signature	 Date