



Application for Employment

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street Number City State Zip Code

Telephone Number: Home _____ Cell _____

Social Security #: _____ Email _____

DESIRED EMPLOYMENT

Position Applying For: _____

Desired pay: _____

Have you ever applied for employment with us? _____

If so, when? _____ What Location? _____

Are you legally eligible for employment? _____ Yes _____ No

Are you 19 years of age or older? _____ Yes _____ No

Do you desire to work _____ full time _____ part time

What hours could you work? _____

When will you be able to start work? _____

How did you learn about our organization? _____

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					
HIGH SCHOOL					
ELEMENTARY					
OTHER					
TRADE					

EMPLOYMENT

Please give accurate, complete full and part time employment record, start with present or most recent employer or attach a current resume and references.

Company Name _____	Telephone _____
Address _____	Supervisor _____
Dates Employed (month/year): From _____ To _____	May we contact? ___ Yes ___ No
Hourly Pay: Start _____ Last _____	Job Title: _____
Describe your work: _____	
Reason for Leaving: _____	

Company Name _____	Telephone _____
Address _____	Supervisor _____
Dates Employed (month/year): From _____ To _____	May we contact? ___ Yes ___ No
Hourly Pay: Start _____ Last _____	Job Title: _____
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Company Name _____	Telephone _____
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Dates Employed (month/year): From _____ To _____	May we contact? ___ Yes ___ No
Hourly Pay: Start _____ Last _____	Job Title: _____
Describe your work: _____	
Reason for Leaving: _____	

REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS	PHONE	YEARS KNOWN AND RELATIONSHIP

Special Training/skills (languages, CPR/First Aid, Behavior Management.) _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(exclude those which may disclose your race, color, religion, or national origin)

PLEASE ANSWER ALL QUESTIONS LISTED BELOW

Do you have a valid driver's license? _____ Yes _____ No Driver's license number: _____
Have you ever been discharged and/or terminated by an employer: _____ Yes _____ No If "Yes", please explain:
Have you ever been reprimanded or otherwise disciplined by a previous employer for violation of department or company policy? _____ Yes _____ No If "Yes", please explain, indicating how many times, when, and under what circumstances:
Have you ever been convicted of a felony offense in a court of law or military adjudication? _____ Yes _____ No If yes, explain(will not necessarily exclude you from consideration)
How did you hear about us: _____ CareerLink _____ Friend _____ Website
Name of friends and/or relatives employed by Ollie Webb Center, Inc. (Career Solutions Inc., or The Arc of Omaha:

Ollie Webb Center, Inc. is an equal opportunity employer with an affirmative action program. The employment, assignment and promotion of agency personnel is based on qualifications and abilities without regard to race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, weight, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by law. All personnel practices shall be conducted in compliance with the Equal Employment Opportunity Act of 1972.

I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be necessary to verify the same.

DRUG SCREEN – I agree to submit to a drug test and hereby authorize the medical contractor performing the test to provide Ollie Webb Center, Inc. a complete record and report. I understand that my conditional offer of employment is subject to completion of negative results on said drug screen.

EMPLOYMENT SCREEN – I understand and agree that if employed, and as a condition of my employment, the employment will be “at will”. That is, either I or Ollie Webb Center, Inc. (OWCI) may end the employment relationship at any time, for any reason, or for no reason. I further understand that no representative of OWCI has authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in my employment application or in the granting of an interview is intended to create an employment contract between OWCI and myself for either providing of any benefit. Finally, I understand that none of the benefits or policies in any manual issued to me by OWCI are intended by reason of their publication to confer any rights or privileges to said benefits or policies, or to entitle me to be or remain employed by OWCI. Ollie Webb Center, Inc. has the right to change any policy benefits or procedure at any time without notice.

I understand that any misleading or incorrect statements render this application void in the event of my employment prior to discover of any falsehood regarding statements and records about and/or for me. I understand that such activity is cause for immediate dismissal.

I have carefully read the above and fully understand the same.

I certify that all statements on the application and supporting information in it are true and complete to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY – REFERENCE CHECKS

Interviewer Name and Title: _____

Date Job was offered: _____ Date Accepted: _____

If offer was rejected, state reason why: _____

Comments: (state if applicant has qualifications for position) _____
