

Date of Application: _____

bridges to independence

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: It is our policy to first abide by all Federal, State and local laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, sexual preference or physical handicap, except where a reasonable, bonafide occupational qualification exists.

**** This application will not be considered for open positions unless filled out in it's entirety.**

PERSONAL

Name (Last) (First) (Middle) (Maiden)

Address (Street) (City) (State) (Zip Code)

() - _____
Telephone Number Social Security Number e-mail address

LIST ALL PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS

Street Address City State Zip Code Dates from _____ to _____

Street Address City State Zip Code Dates from _____ to _____

Street Address City State Zip Code Dates from _____ to _____

OTHER EMPLOYMENT-RELATED INFORMATION

Position for which you are applying: _____

Check the following employment status options you would consider: [] Full Time [] Part Time [] Temporary

Hours/days you are available to work: _____

List anyone you know who currently works for this organization: _____

Can you, after employment, submit a Birth Certificate or other proof of citizenship? [] Yes [] No

If not a U.S. citizen, can you after employment, submit verification of your legal right to work permanently in the U.S.? [] Yes [] No

Were you previously employed by this company? Yes No
(If yes, give dates: _____)

Have you ever been convicted of or pled no contest to a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No
For purposes of this question "conviction" includes a plea of no contest, a finding of guilty by a judge or jury and bond forfeiture (Conviction will not necessarily disqualify an applicant).

If yes to either of the above, explain: _____

Have you ever been terminated from a place of employment? Yes No
(Termination will not necessarily disqualify an applicant)

If yes, explain: _____

Have you ever been accused of being physically or sexually abusive? Yes No

If yes, explain: _____

Do you have any physical limitations to being able to perform the job applied for? Yes No

If yes, explain the type of accommodation required: _____

DRIVER INFORMATION

Prior to your employment, Bridges to Independence will obtain a copy of your motor vehicle record .

Drivers License:

State License Number Type Expiration Date

Professional Driving Experience:

Type of Equipment (Van, Bus, Truck, etc.) Dates from to Approx. #of total miles

Accident record for the past 3 years (attach additional sheet if more space is needed).

Dates	Nature of Accident (head-on, rear end, etc.)
Last accident: _____	_____
Next previous: _____	_____
Next previous: _____	_____

Traffic citations/convictions for the past 3 years (other than parking)

Location (City and State)	Date
_____	_____
_____	_____
_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Do you currently have liability insurance on your vehicle? Yes No

If "no", would you be willing to obtain liability insurance after employment? Yes No

EDUCATION AND TRAINING

High School	Complete Address	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Complete Address	Major: _____ Degree Received? _____
College or University	Complete Address	Major: _____ Degree Received? _____
Trade School	Complete Address	Subjects: _____ Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Year? _____
Apprentice School	Complete Address	Subjects: _____ Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Year? _____

List any other education, training, special skills, certificates/licenses that you possess which might be related to this job:

EXPERIENCE

List ALL work experience during the past 10 years beginning with the most recent.

Name of employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dates employed: From _____ to _____ Title: _____

Name and title of supervisor: _____ May we contact? [] Yes [] No

If no, why? _____

Brief description of duties: _____

Full Time: _____ Part Time: _____ Starting Pay: _____ Ending Pay: _____

Reason for leaving: _____

Name of employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dates employed: From _____ to _____ Title: _____

Name and title of supervisor: _____ May we contact? [] Yes [] No

If no, why? _____

Brief description of duties: _____

Full Time: _____ Part Time: _____ Starting Pay: _____ Ending Pay: _____

Reason for leaving: _____

Name of employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dates employed: From _____ to _____ Title: _____

Name and title of supervisor: _____ May we contact? [] Yes [] No

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Brief description of duties: _____

Full Time: _____ Part Time: _____ Starting Pay: _____ Ending Pay: _____

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If no, why? _____

Brief description of duties: _____

Full Time: _____ Part Time: _____ Starting Pay: _____ Ending Pay: _____

Reason for leaving: _____

Name of employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dates employed: From _____ to _____ Title: _____

Name and title of supervisor: _____ May we contact? [] Yes [] No

If no, why? _____

Brief description of duties: _____

Full Time: _____ Part Time: _____ Starting Pay: _____ Ending Pay: _____

Reason for leaving: _____

PERSONAL REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

How Associated: _____ How Associated? _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

How Associated: _____ How Associated? _____

COMMENTS

List any comments or qualifying statements you care to make:

APPLICANT’S CERTIFICATION

Please read carefully before signing, and place your initials by each paragraph. If you have any questions regarding the following statements, please ask for assistance.

_____ Initial I certify to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false or incomplete information contained in this application may result in my discharge.

_____ Initial I understand that this company serves people who are in need and as such, the company may deem necessary that overtime hours or hours outside a normally defined work day or work week may be required at times.

_____ Initial I understand that if I am hired by Bridges to Independence, my employment status is on an at-will basis. This means that my employment with Bridges to Independence may be terminated at any time for any reason by either myself or a supervisory representative of the company. Any statements, either implied or explicit, in writing or spoken, by anyone other than the President of the company, regarding employment on a contractual basis will be viewed as null and void. Furthermore, I understand that my continued employment is based on the wishes of the people Bridges to Independence serves, continued funding through local authorities and my ability to continue to appropriately perform the duties of the job as outlined in the job description.

_____ Initial I understand that Bridges to Independence is continually looking for qualified applicants. I also understand my application may not currently be a match for the placement the company has available due to the hours I can work or the employment status for which I am looking, among other things. I understand my application will be kept active for a period of 45 days from the date of application listed above.

_____ Initial I understand that due to State and Local regulations, Bridges to Independence is required to initiate a criminal background check and motor vehicle record check prior to employment to ensure eligibility in accordance with the above rules. I further understand that depending on the results of the aforementioned background checks, I may be ineligible for employment with Bridges to Independence unless I am able to have record expunged or points taken off of my license.

Signature

Date

bridges *to independence*

APPLICANT AUTHORIZATION FORM

Applicant Name: _____
(Please Print)

I authorize Bridges to Independence, Inc. (the company) to communicate with all my former employers, school officials and persons named as references. I also grant permission to the Company to obtain a motor vehicle operating record and a criminal history record. I hereby release employers, schools, agencies, companies, and individuals from any liability for and damage whatsoever resulting from giving such information.

Signature

Date

bridges to independence, inc.

**SUPPORT SPECIALIST APPLICANT
QUESTIONNAIRE**

Please give brief answers only.

1. How did you hear about Bridges to Independence?

2. What is it you'd like to be doing 2 - 3 years from now?

3. What do you feel is an acceptable number of days to be absent from work in a year?

4. What do you feel is an acceptable number of days to be tardy in a 1 month period?

5. What kind of employment are you interested in? _____ Full Time _____ Part Time

Are there any particular days you cannot work?

What counties can you work in? _____ Delaware _____ Marion _____ Morrow
 _____ Crawford _____ Franklin

6. If we were to hire you, would you have any problems getting to and from work or transporting clients in your vehicle?

Do you have liability insurance?

7. In any of your experience have you had to deal with any behavioral problems?

How would it make you feel personally if a person became aggressive towards you?

8. What would you expect from your direct supervisor and/ or the company?

9. Describe for me who you are?

10. Do you have any hobbies or things you enjoy doing?