



Addison Point Agency

"The potential of every individual is limitless."

Application for Employment

It is the policy of The Addison Point Agency to provide equal employment opportunities to all persons and not to discriminate in its hiring or employment practices on the basis of race, color, religion, sex, national origin, age, physical or mental disability, veteran or military service status, genetic information, or any other status protected by federal, state, or local law.

Last Name	First Name	Middle Initial	Social Security Number
Mailing Address			Home Phone
			()
City, State, ZIP Code			Business or Cell Phone
			()
DATE SUBMITTED			

GENERAL INFORMATION

Are you related to anyone at The Addison Point Agency? (If yes, please provide the name of your relative.)	
Are you available for full-time work (40 hour work week) If "No", how many hours per week are you available?	
If hired, can you present proof of your identity and legal authorization to work in the United States?	
If the job requires, can you travel?	If the job requires, do you have a valid driver's license?

EMPLOYMENT DESIRED

Position desired	Date you can start	Salary desired

MILITARY

Have you ever been a member of the Armed Services of the United States?	
Branch of service	Period of active duty
Describe your duties and any special training.	

CRIMINAL RECORDS/SEALED RECORDS

Have you pleaded "guilty" or "no contest" to or been convicted of a misdemeanor (other than a minor traffic violation) or felony?

If "yes," please state the nature of the crime(s), when and where convicted, the disposition of the case, and any other relevant information you wish us to consider.*

THE ADDISON POINT AGENCY CONDUCTS CRIMINAL BACKGROUND CHECKS ON ALL EMPLOYEES. FOR MOST POSITIONS AT OUR AGENCY, A CONVICTION OF AN OFFENSE WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT. TO THE EXTENT POSSIBLE, THE COMPANY WILL UNDERTAKE AN INDIVIDUALIZED ASSESSMENT OF THE NATURE, DATE, CIRCUMSTANCES, AND RELEVANCE OF THE OFFENSE TO THE POSITION APPLIED FOR.

EDUCATION

	Name and Location	Program Studied/Areas of Concentration	Number of Years Completed	Degree or Diploma
High School				
College/ University				
Graduate School				
Vocational/ Technical				
Other				

SKILLS (Fill in the check boxes to mark all that apply)

<p>Years</p> <p><input type="checkbox"/> Typing WPM: _____</p> <p><input type="checkbox"/> Accounting software</p> <p><input type="checkbox"/> Microsoft Word/other</p> <p><input type="checkbox"/> Microsoft Excel/other</p> <p><input type="checkbox"/> Microsoft Access/other</p> <p><input type="checkbox"/> Microsoft PowerPoint/other</p> <p><input type="checkbox"/> HTML/other</p> <p><input type="checkbox"/> Other, please explain: _____</p> <p><input type="checkbox"/> Other, please explain: _____</p>	<p>Years</p> <p><input type="checkbox"/> Work with Adults</p> <p><input type="checkbox"/> Work with Children</p> <p><input type="checkbox"/> Behavioral Health Professional</p> <p><input type="checkbox"/> Direct Service Provider</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Human resources</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Educator</p> <p><input type="checkbox"/> Teacher's Assistant</p> <p><input type="checkbox"/> Other</p>
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Summarize skills and qualifications that will be beneficial in the job for which you are applying.

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment information for your last three employers. You may include volunteer positions if you wish. Start with your present or most recent employer.

Company Name	Phone (including area code)
Address	Employed (Month/Year) From _____ To _____
Name of Supervisor	Weekly or Annual Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Phone (including area code)
Address	Employed (Month/Year) From _____ To _____
Name of Supervisor	Weekly or Annual Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Phone (including area code)
Address	Employed (Month/Year) From _____ To _____
Name of Supervisor	Weekly or Annual Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate otherwise.
 DO NOT CONTACT EMPLOYER # (s) _____
 Reason _____

Please indicate any other name you have used (such as your Maiden Name) that we would need to confirm your employment history.

APPLICATION RETENTION POLICY

This application is for a specific program. Please contact the Human Resources Director to obtain an application for another position opening. Applications not resulting in employment with our agency may be retained for a period of 60 days for future consideration.

Partial Conditions of Employment

I certify that the information given by me herein is true, accurate, and complete to the best of my knowledge.

I understand that, as part of The Addison Point Agency's employment procedure, a routine inquiry may be made that will provide applicable information concerning my employment history, performance, and character.

I hereby authorize The Addison Point Agency and/or its agents to thoroughly investigate my references, work record, education, background check and other matters related to my suitability for employment for the purpose of confirming the information contained on my application and/or obtaining other information that may be material to my qualifications for employment.

I release from all liability all persons, companies, and corporations supplying such information, and I also release The Addison Point Agency and any of its representatives from any liability as a result of any inquiries made by The Addison Point Agency while conducting this investigation. I understand any false answers or statements or implications made by me in the application, in any interview, or in other documents shall be considered sufficient cause for denial of employment or termination of employment if I should be employed by The Addison Point Agency. I further understand that my employment with The Addison Point Agency is subject to the satisfactory completion of this investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in the conduct of such investigation is intended to create an employment contract between The Addison Point Agency and myself either for employment or for the providing of any benefit. No promises or representations regarding employment have been made to me, and I understand no such promise, representation, or guarantee, whenever made, whether written or oral, is binding upon The Addison Point Agency unless made in writing by the Human Resources Coordinator of The Addison Point Agency. If an employment relationship is established, I understand that employment with The Addison Point Agency is "at will" and if hired, I acknowledge that I have the right to terminate employment, with or without advance notice, for any reason at all, at any time and that The Addison Point Agency retains the same right. I understand that The Agency makes every effort to accommodate employee's preferences and that the needs of the persons The Agency serves make the following conditions mandatory: **Overtime, Shift Work, Holidays, Rotating Schedules and/or A Work Schedule Other Than The One I May Have Been Hired For.** I understand and accept the conditions of my future or continuing employment.

If employed, I agree to sign The Addison Point Agency Employee Handbook, which outlines The Addison Point Agency policies and procedures for its employees. In addition, if employed, I agree to sign The Addison Point Agency Employee Confidentiality Agreement, in which I agree to protect and not divulge any confidential information I have gained through employment with The Addison Point Agency.

If offered employment with The Addison Point Agency, I understand that my employment is contingent upon the presentation of documents establishing my identity and eligibility to work in the United States.

I also understand that, if employed, I will be required to abide by all rules and regulations of The Addison Point Agency and to complete satisfactorily a "new employee" period of employment during which I will not be eligible for certain benefits.

I HAVE READ (OR HAVE HAD READ TO ME) AND HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE ABOVE PARTIAL CONDITIONS OF EMPLOYMENT. I UNDERSTAND AND AGREE TO ABIDE BY THE WRITTEN CONDITIONS STATED ABOVE.

Signature of Applicant

Date

Interviewed By

Date