



Community Living · Employment Support · Day Services

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

The use of lie detector tests as a condition of employment is prohibited by APA, Inc.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Street Address, PO Box, Apartment #	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before?
If yes, give date _____ Yes No

Have you ever been employed with us before?
If yes, give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

APPALACHIAN PARENT ASSOCIATION, INC
39 South Third Street • Oakland, MD 21550
301.334.8449 • www.appalachiancrossroads.com

Scott Hollingsworth • Executive Director

On what date would you be available for work? _____

Are you available to work: () Full-Time () Part-Time () Weekends
 () Shift Work () Temporary

Are you currently on "lay-off" status and subject to recall? () Yes () No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) () Yes () No

If yes, please explain: _____

EDUCATIONAL BACKGROUND

NAME	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School			
College		Major and/or Degree	
Other			

REFERENCES (Do not give relatives or previous employers.)

NAME	TELEPHONE	YEARS KNOWN
1.		
2.		
3.		

Have you ever had any job-related training in the United States Military? () Yes () No

If yes, please describe: _____

EMPLOYMENT HISTORY (List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.)

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summarize work performed/responsibilities	
Reason for Leaving		Hourly/Salary Rate of Pay	
		Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summarize work performed/responsibilities	
Reason for Leaving		Hourly/Salary Rate of Pay	
		Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summarize work performed/responsibilities	
Reason for Leaving		Hourly/Salary Rate of Pay	
		Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summarize work performed/responsibilities	
Reason for Leaving		Hourly/Salary Rate of Pay	
		Start \$	per
		Final \$	per

SPECIAL SKILLS AND QUALIFICATIONS

(Summarize special job related skills and qualifications acquired from employment or other experience.)

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I also authorize Appalachian Parent Association, Inc. – Appalachian Crossroads to seek information regarding my employment experience from all former employers listed on my application, which contains a complete history of all employment activity during the past five years.

I hereby understand and acknowledge that unless otherwise defined by applicable laws, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such changes is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security #		

Current Job:		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check one of the following (Ethnic Origin):		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American/Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check if any of the following are applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Handicapped Individual		
Birth date:		

FOR PROGRAM DIRECTOR USE ONLY

Applicant's Name _____

Date Applicant Interviewed _____

Recommend for hire in the position of _____

at _____ hours/week at a salary of \$ _____ per _____ with a

starting date of _____.

Additional Notes/Recommendations: _____

Program Director's Signature

Date

Approved for Hire:

Executive Director Date