



The Arc of Jefferson County

6001 Crestwood Boulevard
Birmingham, Alabama 35212
205-705-1800

APPLICATION FOR EMPLOYMENT

The Arc of Jefferson County is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Date: ___/___/___ How were you referred to the Arc: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Other: _____

Email Address: _____

Are you legally eligible to be employed in the United States? YES [] NO [] (If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over the age of 21? YES [] NO [] If not, are you at least 18 years of age? YES NO

Position Desired? _____

Preferred Shift(s): _____ Full-Time [] Part-Time []

If hired, when would you be available for work? _____

Do you have relatives or friends who work for the company? YES [] NO [] If yes, who and where do they work? _____

Have you ever worked for this company before? YES [] NO []

If yes, where? _____ When? (Give Dates) _____ Position? _____

Educational Record:

High School: Number of Years Completed (*check one*) 1 2 3 4

Diploma: YES NO GED YES NO

High School: _____ City/State _____

College and/or Vocational School:	City/State	Number of Years Completed (circle one)	Major	Degree Earned
		1 2 3 4		
		1 2 3 4		
		1 2 3 4		

PROFESSIONAL LICENSE OR MEMBERSHIP: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Type of License (s) Held _____

State and License # _____ Expiration Date: _____

Other professional Membership? _____

In what studies did you excel? _____

List other training or degrees included in your education which are relevant to the duties of the position applied for:

Subject	Semester Hours
_____	_____
_____	_____
_____	_____

Other Acquired Skills: Typing _____ WPM Data Entry _____ Excel/ Other program _____

References: List three reliable persons, not relatives or employers, who know you well enough to give information about you.

Full Name and Address	Telephone Number(s)	Occupation or Relation

Employment Record: Beginning with your present, or most recent employment, list in reverse order periods of employment including U.S. Military Service. Give complete information especially about what kind or experience.

Name of Firm	Address	Telephone
Start Date/End Date	Beginning/Ending Salary	Supervisor
Type of Business	Your Position and Duties	
Reason for Leaving		

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Have you ever been discharged or asked to resign from any position? _____

If so, explain: _____

Are you presently employed? YES [] NO [] If yes, may we contact your present employer? YES [] NO [] If presently employed why are you considering leaving? _____

Can you perform the essential functions of the position for which you are applying? YES [] NO []

Certificate and Agreement of Applicant

(Please Read Carefully)

This Corporation is an equal employment opportunity employer.

1. I certify that all of the information provided by me on the application is true and correct. I further understand that false or misleading statements, or omissions of any kind in the application, or other forms, will result in the rejection of the application, or if such false statements or omissions are discovered after employment, employment will be terminated.

2. I agree, understand and authorize that the Corporation or its agents may investigate my background to verify any and all information provided by me. I authorize the persons or organizations referenced in this application to give the Corporation any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damages that may result from furnishing such information to this Corporation.

3. I also agree and understand that under the Fair Credit Reporting Act I have been told that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics and mode of living. If any such investigation results in denial of employment, I shall be so advised, the Corporation shall supply the name and address of the consumer reporting agency making the investigative report, and I will be given an opportunity to correct any misinformation contained in such report.

4. I agree to furnish such additional information and complete such examination (including employment and periodic physical examination and periodic test for controlled substances or alcohol) as may be required by the Corporation. I agree and understand that my initial and continued employment is contingent upon my submitting to such examination or tests when requested, and that refusal to take such examination will subject me to termination. I further understand, and agree, that anything I bring onto, or take from, the Corporation's premises, including my vehicle, is subject to search by the Corporation at any time for contraband or controlled substances.

5. If employed, I agree and understand that my employment is for no definite duration and may be terminated at will by either the Corporation or me. Additionally, the Employment Handbook, or any other statement of Corporation policy, is not a contract, cannot be construed as a contract, and cannot create a contract of employment of any kind. I understand the Employment Handbook and other policies, may be modified, supplemented, or rescinded at any time. I agree and understand that no employee of the Corporation has the authority to establish a contract of employment with me.

6. I agree and understand that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm, or corporation any information concerning patients of the Corporation. I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

Date

Signature (Name and last four of your social)