



Living Arrangements for the Developmentally Disabled, Inc.
3603 Victory Parkway, Cincinnati, Ohio 45229

Phone: 513-861-5233 Fax: 513-861-5381

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ___/___/___

Referral Source Advertisement Employee Relative Walk-In
 Government Employment Agency Private Employment Agency
 Other _____ Name of Source) if applicable) _____

Name _____
Last First Middle
Address _____
Street City State Zip Code
Telephone # () _____ Mobile/Other Phone # () _____ Social Security # _____

If necessary, best time to call you at home is AM/PM

May we contact you at work?..... Yes No

If yes, work number and best time to call () AM/PM

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you submitted an application here before?..... Yes No

If yes, give dates..... From ___/___/___ To ___/___/___

Have you ever been employed here before?..... Yes No

If yes, give dates..... From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... ___/___/___

Type of employment desired Full-Time Part-Time Temporary
 Seasonal Educational Co-Op

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Have you ever been bonded?..... Yes No

Have you been convicted of a crime in the last seven (7) years?..... Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Educational Background IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree of diploma earned, if any. D. Grade Point Average or Class Rank. E. Major F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references that are *not* related to you. If applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below

Employer	Telephone	Dates Employed
		From / / To / /
Address		Job Title
Immediate Supervisor and Title <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving
May we contact for reference?	Starting Hourly Rate/Salary	Final Hourly Rate/Salary
Summarize the type of work performed and job responsibilities. _____		

Employer	Telephone	Dates Employed
		From / / To / /
Address		Job Title
Immediate Supervisor and Title <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving
May we contact for reference?	Starting Hourly Rate/Salary	Final Hourly Rate/Salary
Summarize the type of work performed and job responsibilities. _____		

Employer	Telephone	From / / To / / Dates Employed
Address		Job Title
Immediate Supervisor and Title <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving
May we contact for reference?	Starting Hourly Rate/Salary	Final Hourly Rate/Salary
Summarize the type of work performed and job responsibilities. _____		

Employer	Telephone	From / / To / / Dates Employed
Address		Job Title
Immediate Supervisor and Title <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving
May we contact for reference?	Starting Hourly Rate/Salary	Final Hourly Rate/Salary
Summarize the type of work performed and job responsibilities. _____		

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications-Summarize any special skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contract and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ___/___/___

Effective 10/01/2010