



The Arc of Calhoun County Job Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Position applying for? _____

How did you learn about this job? _____

The position you are applying for may require driving; do you have a valid driver's license?

Yes No DL# _____

Some positions within the Arc require working closely with persons with disabilities. Some of our funding sources may require a criminal record check and/or a background check of substantiated abuse, neglect, exploitation, mishandling consumer funds, or any other recipient right violations. Affirmative answers to these questions may not automatically preclude you from consideration for employment.

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Are there any felony charges pending against you? Yes No

If yes, please explain:

Are you on a court-supervised probation? Yes No

If yes, please explain:

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds, or any other recipient right violations? Yes No

If yes is answered to any of the above, please explain:

Have you ever been employed by this organization before? Yes No

If yes, give dates of employment and indicate if employed under a different name:

EDUCATION

SCHOOL LEVEL	NAME & ADDRESS OF SCHOOL	NO. YRS ATTENDED	DEGREE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS SCHOOL				

Special skill/training that you feel would be useful for the position that you are applying for:

Write a paragraph expressing your thoughts on what services and opportunities should be offered to people with developmental disabilities.

PERSONAL REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

PROFESSIONAL REFERENCES (Current or prior employers)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE

List below last three employers, starting with the most recent:

Employer		
Address		
Job Title	Dates of Employment	Reason for Leaving

Employer		
Address		
Job Title	Dates of Employment	Reason for Leaving

Employer		
Address		
Job Title	Dates of Employment	Reason for Leaving

I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance that is documented in my personal file.

I also understand that because of the nature of my job and funding requirements, I hereby consent to the release of this application or portions of this application to representatives of governmental or private agencies for all funding or investigatory purposes and to verify information I have listed in this job application. I hereby release The Arc of Calhoun County, all previously mentioned agencies designated, and those listed only as other government or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand, or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability, and damages that may result from furnishing the information to you.

Signature _____ Date _____

I further understand that any dishonest, false, or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

Signature _____ Date _____

This application will be kept current for six months. You need to complete another application to be reconsidered after that date.

Employment Agreement: In consideration of my employment, I agree to conform to the rules and regulations of the employer and my employment and compensation can be terminated at will, with or without cause and with or without notice at any time, at the sole discretion of the employer or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than the Executive Director has any authority to make any changes to this Employment Agreement unless in writing and signed by both the Executive Director and me.

Employee Signature

Employer Signature and Title