



Achieve with us.®

APPLICATION FOR EMPLOYMENT

The Arc of LaGrange County is an equal opportunity employer and does not discriminate against any individuals in any phase of employment in accordance with the requirements of local, state, and federal law. The Arc of LaGrange County also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise The Arc of LaGrange County if you require an accommodation in the application process.

PERSONAL

(Please use print for all information, except for your signature. Thank you!)

Name: _____ Date: _____
LAST FIRST M.I.

Phone Number: () - Email: _____

Present Address: _____
NO. STREET CITY STATE ZIP CODE

List all counties you have resided in for the past 3 years: _____

Positions Applied For: _____

Rate of Pay Expected: \$ _____ How were you referred: Advertisement Current Employee Friend Other

What date will you be available to begin work?: _____

Were you previously employed by us?: Yes No If yes, when?: _____

Will you have reliable transportation to The Arc of LaGrange County's place of work?: _____

Are you legally authorized to work in the United States?: _____

(You will be required upon employment to submit verification of your legal right to work in the United States.)

Use the space below to summarize any additional experiences or skills that help qualify you for the position(s) for which you are applying. You may exclude any activities that reflect personal characteristics protected by law (e.g., religion, race, disability, etc.).

EDUCATION

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR
	YES	NO		
HIGH SCHOOL:	YES	NO		
GED or OTHER:	YES	NO		
COLLEGE:	YES	NO		
COLLEGE:	YES	NO		

EMPLOYMENT

EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME OF EMPLOYER:	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain:
ADDRESS:				
CITY & STATE:	RATE OF PAY	RATE OF PAY		
NAME OF SUPERVISOR:	POSITION	POSITION		
PHONE NUMBER:				
EMAIL:				

EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME OF EMPLOYER:	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain:
ADDRESS:				
CITY & STATE:	RATE OF PAY	RATE OF PAY		
NAME OF SUPERVISOR:	POSITION	POSITION		
PHONE NUMBER:				
EMAIL:				

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ADDRESS:				
CITY & STATE:	RATE OF PAY	RATE OF PAY		
NAME OF SUPERVISOR:	POSITION	POSITION		
PHONE NUMBER:				
EMAIL:				

May we contact your current employer?: Yes No

REFERENCES

NO RELATIVES

Reference 1 NAME: _____ PHONE NUMBER: () — EMAIL: _____

Reference 2 NAME: _____ PHONE NUMBER: () — EMAIL: _____

Reference 3 NAME: _____ PHONE NUMBER: () — EMAIL: _____

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal. I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to The Arc of LaGrange County's drug and alcohol testing policy during my employment.

I understand and agree that all information furnished in this application may be verified by The Arc of LaGrange County. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to The Arc of LaGrange County. I hereby authorize all individuals and organizations named or referred to in this application to give The Arc of LaGrange County all information on relative to such verification and hereby release such individuals, organizations and The Arc of LaGrange County from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the immigration Reform and Control Act of 1986. I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of The Arc of LaGrange County as stated in the employee handout, any policy and procedure manual or other communications to employees. I further understand that The Arc of LaGrange County's policies and procedures are subject to modification without notice.

Signature: _____ Date: _____