

South Central Human Relations Center, Inc.

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____
Position(s) applied for or type of work desired: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #(s): _____ Social Security #: _____
Type of employment desired: Full-time Part-time Temporary
Date you will be available to start work: _____
Are you able to meet the attendance requirements? Yes No
Do you have any objection to working overtime if necessary? Yes No
Can you travel if required by this position? Yes No
Have you ever been previously employed by our organization? Yes No
Can you submit proof of legal employment authorization and identity? Yes No
If you are under 18, can you furnish a work permit if it is required? Yes No
Driver's license number (if driving is an essential job duty): _____
How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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Employment History continued

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Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Briefly summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and degrees earned:

High school: _____
Technical Training: _____
College: _____
Graduate/Medical School: _____
Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

Name: _____	Telephone #: _____	Years known: _____
Name: _____	Telephone #: _____	Years known: _____
Name: _____	Telephone #: _____	Years known: _____

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employers and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer, can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against 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 employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

By signing below or by *typing your name below and submitting this application via e-mail*, I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____

South Central Human Relations Center, Inc.

Applicant Survey Form

Last Name

First Name

Middle Initial(s)

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability – Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.