

For Official Use Only
Arranged Interview ☐ Yes ☐ No Employed ☐ Yes ☐ No Hire Date Salary

Enlightening Generations

EMPLOYMENT APPLICATION

Date of Application: _	
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Position Preference

Childcare		After-School	Senior Services	<u>Administration</u>	
☐ Lead Teacl		☐ Program Leader	☐ Direct Care Staff	☐ Receptionist/Secretary	
☐ Teacher As		☐ Academic Aide	□RN	☐ Maintenance	
☐ Other		□ Other	□ Other	□ Other	
		Dorsonal I	nformation		
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N T					
Name Last		First		N.C. 1.11.	
Last		FITSU		Middle	
Address			Phon	e ()	
				Zip	
Social Securit	y Number		Expected Salar	ſ <u>y</u>	
What Date Ca	n You Be	gin Work?	☐ Full Time ☐ Part Time		
Are You Avai	lable To V	Vork (Please Check One)	☐ Full Time ☐ Part Tim	ie 🗆 Temporary	
□ Ves □ No	Are you a	t least 18 years of age?			
			ou filed a declaration of inte	ention to become a	
		Yes □ No			
	 Yes □ No Have you filled out an application here before? If yes, when: Yes □ No Have you ever been employed here before? If yes, please give date and reason for leaving: 				
⊥ ies ∟ no	nave you	ever been emproyed here b	eiore: ir yes, piease give da	te and reason for leaving.	
	Have you ever been convicted of a felony within the last 7 years? If yes, please				
	explain				
⊔ Yes ⊔ No	Have you	ever been discharged or ask	ed to resign from a job? If s	o, for what reason?	
□ Yes □ No	Do you ha	ve relatives working for Car	rver? If yes, please list name	e and relationship	
_ 100 _ 110			, , , , , , , , , , , , , , , , , , ,		
		Certificati	on/License		
Type		Issuing Authority	Effective Date	Expiration Date	
				(if applicable)	

Educational Preparation

Name and Location of School High School		Nature of Studies			Did you Graduate? (Y or N)		
mgn School							
Name and Location of School Year Comple						Degree Recv'd	Did you Graduate? (Y or N)
College (Una	lergraduate)*						(1 01 1)
College (Gra	duate)*						
Vocational/T	echnical/Trade*						
* Provide <u>c</u>	opy of transcripts						
		W	ork F	Expe	rience		
Dates Employed	Employer's Nam		Telep Num	hone	Name of Supervisor	Duties Performed	Reason for Leaving
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	<u> </u>						
	nmarize special sk ole: tutoring, knov	tills and/or qualif	ication	s acqu		oyment or volunteer	experiences.
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					atives please professional tra	.) ining, ability, exper	ience and
personal cl me	naracter.	Occupation			Address & Phor	e No.	Years Known
me		Occupation		1	Address & Phor	e No.	Years Knov
May we co	ntact your present	emnlover? 🗆 Vac	. □ No				

Applicant's Statement

Please give any additional information which you think might be of value in considering you for a positio with Carver Community Organization.					

Applicant Certification: Please read these statements before signing, as your signature will indicate that you fully understand the statements and agree to be bound by their terms:

- 1. <u>Information for third parties:</u> I authorized Carver to request and receive responses and information with may be obtained from sources that may include friends, neighbors, personal acquaintances, schools, business/professional organization/associations, credit reporting, law enforcement authorities and government agencies. I authorize any such parties to furnish Carver with response and information concerning me and I hereby release Carver from any and all liability and responsibility arising from the release, request, receipt, or use of such response and information.
- Pre-employment Drug Screening: As part of Carver's employment procedures, an applicant is required to
 undergo a pre-employment drug screening conducted by an authorized party designated by the Agency. Any
 offer of employment that an applicant received from the Agency is contingent upon, among other things,
 satisfactory results of this screening.
- 3. Employment at Will: I understand that if employed, my employment will be at the will of the parties, in other words, there will be no employment contract, expressed or implied, and my employment may be terminated at any time at the will of the agency or myself.
- 4. <u>Workplace Investigations:</u> I understand that if employed, Carver has the right in connection with workplace investigations to search computer files, desks, handbags, automobiles or items brought onto the agency's premises and I consent and agree to any such agree to cooperate in any workplace investigations by Carver.
- 5. <u>Agency Changes:</u> I understand that if employed, Carver retains the right to change, add, modify, eliminate or otherwise revise its benefits, rules, policies at any time.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature	Date

Please return completed application to:

Carver Community Organization, Inc 400 S. E. 8th Street Evansville, IN 47713 (812) 423-2612 (812) 423-6941 Fax

Email Address: <u>Carver@carverorg.org</u>