

**JAY NOLAN
COMMUNITY SERVICES**

EMPLOYMENT APPLICATION

NAME:

Please type of print: Read and answer all questions, carefully and completely. Feel free to attach your resume however, all sections MUST be completed.

Social Security Number:		Date:	
Last Name:	First Name:	Middle Name:	
Current Address. Street and Number:	City, State, Zip, County:	Area Code and Telephone: ()	
Previous Addresses, Street and Number: (Provide addresses for the last ten (10) years)	City, State, Zip	County:	From: To: Mo. Yr. Mo. Yr.
Have you ever applied to or worked for JNCS before? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please complete the following:			
Approximate date of application:	Title:	Dept:	From: To:
Do you have any friends or relative currently employed by our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:			
Name(s)		Location/Department:	

Position Desired:		
<input type="checkbox"/> Office	<input type="checkbox"/> Supported Living	<input type="checkbox"/> Personalized Day Services <input type="checkbox"/> Family Support Services <input type="checkbox"/> Other: _____
Type of Position Applied For:	Hours available to work:	Special hours required (explain):
<input type="checkbox"/> Full-Time	Preferred Shift: (Circle day of week)	Date available to start work: Distance willing to travel (in miles) Distance willing to travel (in minutes)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Days (Mon., Tue., Wed., Thu., Fri., Sat., Sun) or <input type="checkbox"/> Not Available	
<input type="checkbox"/> Temporary	<input type="checkbox"/> Nights (Mon., Tue., Wed., Thu., Fri., Sat., Sun) or <input type="checkbox"/> Not Available	
<input type="checkbox"/> Summer	<input type="checkbox"/> Swing (Mon., Tue., Wed., Thu., Fri., Sat., Sun) or <input type="checkbox"/> Not Available	
	<input type="checkbox"/> Any Available Shift <input type="checkbox"/> Roommate <input type="checkbox"/> Over Night	
How did you learn about the position for which you are applying?		
<input type="checkbox"/> Advertisement: _____	<input type="checkbox"/> On my own:	<input type="checkbox"/> State employment service:
<input type="checkbox"/> Agency: _____	<input type="checkbox"/> School: _____	<input type="checkbox"/> Other:
<input type="checkbox"/> Employee: _____	Name of referral source:	

Have you ever been convicted of a felony? Yes No . Conviction of a felony will not necessarily disqualify you from employment.

Have you ever been convicted of an offense OTHER than the following: Yes No .

- Minor traffic violations for which the fine was \$50.00 or less; or
- Any offense which was finally settled in juvenile court or under a welfare youth offender law.
(Offenses which fell under numbers one or two above need not be reported)

Has your driver license ever been suspended or revoked? Yes No .

Do you have more than 2 driving violations on your DMV Record, e.g. accident / speeding? Yes No .

If your answer to above questions is yes, provide the following information.

Offenses			
Date	Location	Nature	Disposition/ Sentence

An an EQUAL OPPORTUNITY EMPLOYER, our Company Policy as well as Federal and State laws prohibits discrimination in employment, including but not limited to, discrimination based on race, color, creed, religion, sex, national origin, age, marital status, physical disability, medical condition or veteran status.

Employment Record

List below all present and past employment for the last ten years starting with your most recent employer. Please include self-employment, military service with any branch of the U.S. Armed Forces, part-time or summer-time work and job related volunteer experience. If more space is needed, please attach additional sheets.

1. Present or Last Employer	Address	City, State	Zip
Type of Business		Job Title(s)	
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate	<input type="checkbox"/> Full-Time
To: Month / Year	Phone Number:	Ending Hourly / Salary Rate	<input type="checkbox"/> Part-Time
Reason for Leaving			
Description of Duties			
If still employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Employer	Address	City, State	Zip
Type of Business		Job Title(s)	
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate	<input type="checkbox"/> Full-Time
To: Month / Year	Phone Number:	Ending Hourly / Salary Rate	<input type="checkbox"/> Part-Time
Reason for Leaving			
Description of Duties			
3. Employer	Address	City, State	Zip
Type of Business		Job Title(s)	
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate	<input type="checkbox"/> Full-Time
To: Month / Year	Phone Number:	Ending Hourly / Salary Rate	<input type="checkbox"/> Part-Time
Reason for Leaving			
Description of Duties			
4. Employer	Address	City, State	Zip
Type of Business		Job Title(s)	
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate	<input type="checkbox"/> Full-Time
To: Month / Year	Phone Number:	Ending Hourly / Salary Rate	<input type="checkbox"/> Part-Time
Reason for Leaving			
Description of Duties			

PERIODS OF UNEMPLOYMENT

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

From _____	To _____	Reason for Unemployment _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

Name	Address	Curriculum/ Major	Grade Point Average	Units Completed	Degree / Diploma Certificate Eamed
High School or GED					Completed—Yes—No
College / University					
College / University					
Trade / Vocational					
Business / Other					
List any scholarships, academic honors, or special achievements					

Are you currently enrolled in or have you taken any courses (specifically in Social and Behavioral Sciences) that will be helpful to the position you are applying for?
 Yes No If yes, give details

Course Title	Name of School or Organization	Number of Units Date of Completion

List other Languages that you: Speak: _____ Read: _____ Write: _____

List any valid licenses or certificates of competence held:

Summary

Summarize any other volunteer job experience, training, management experience, or courses taken relating to the position for which you are applying:

Voluntary Information: List hobbies and other special interests:

Do you have legal right to work in the United States? Yes No
 (If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.)

Are you 18 years old or older? Yes No

How long have you been a resident of this state:	Driver Lic. No.:	State:	Exp. Date:
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Do you have access to reliable transportation to work? Yes No Do you have auto insurance? Yes No

Please describe the reasons you wish to work for Jay Nolan Community Services:

References

List below references (3 business, 3 personal) other than a relative or employer who has knowledge of your work performance.						
Name	Address	City,	State,	ZIP	Phone #	Years Known
PERSONAL						
BUSINESS						

ACKNOWLEDGMENT

I hereby certify that I have personally completed this application, and that the information contained herein is correct to the best of my knowledge. I understand that any misrepresentation, falsification of material, omission of information on this application, in my **interview(s)** or **pre-employment** evaluation will result in my failure to receive an offer or, if I have been hired, may result in my dismissal from employment.

I authorize the Company and its agents to request any information and records concerning me, including but not limited to consumer credit, criminal history, driving, employment, military, civil and educational data and reports: from any present or previous employers (unless expressly stated), consumer reporting agencies, licensing and law enforcement agencies, **courts** and other agencies. Further, if I am employed, I agree to submit to pre-employment and employment-related examinations of the above-described information at any time, upon probable cause, at the request of Jay Nolan Community Services.

I authorize and request any present or former **employer**, school, financial institution, credit agency or any governmental agency or persons **having** personal knowledge about me to furnish Jay Nolan Community Services or its agent with any and all information in their possession regarding me, which is reasonably related in my employment, or continued employment with Jay Nolan Community Services. I authorize that a photocopy may be accepted with the same authority as the original.

I understand that any offer of employment will be conditioned on the Company's receipt of satisfactory responses to reference requests, the provision of satisfactory proof of my identity and legal right to work in **the** United States, the satisfactory completion of a pre-employment physical and T.B. test, and other bona-fide employment testing.

I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if employed, the employment relationship is for an unspecified term and considered employment-at-will and that no one other than the Executive Director of the Company has the right or the authority to enter into any written or verbal agreement for different terms of employment. I also understand and agree that the employment relationship can be terminated at will, either by me or the Company, with or without cause or **advance** notice.

I understand that the Company retains the right to establish compensation, benefits, and working conditions for all of its employees. Accordingly, I understand and agree that the Company retains sole discretion to **modify** my compensation and benefits, position, duties, and other terms and conditions of employment, **including** the right to impose discipline of whatever type and for whatever reasons Jay Nolan Community Services at its sole discretion, determines to be appropriate. No employee or representative of the Company, other than the Executive Director, has the authority to alter at-will nature of my employment relationship or make any agreement contrary to the foregoing.

Signature of Applicant

Date

Please Do Not Write Below this Line

For Office Only

Notes/Additional information		
Position Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, DOH:	Program/Site:	Rate of Pay:
Name of Interviewer:	Interviewer's Signature:	Date