

Application for Employment

No employee or applicant for employment will be discriminated against because of race, color, religion, national origin, sex, age, disability, veteran status, genetic information, sexual orientation, or gender identity. This application is valid only for the position listed above.

Application Date: _____

Position Applied For: _____

This application is valid only for the position listed above.

Section I

Legal Last Name	
Legal First Name	
Middle or Maiden Name	
Current Address	
City	
State	
Primary Phone Number	
Secondary Phone Number	
Email Address	

Section II

Date Available For Employment:	
Minimum pay you will accept:	
Are you available to work full time or part time?	
Highest Grade Completed	

Section III

Most recent employer information

Employer Name: Job Title:

City: State:

Date Hired: Date Left:

Starting Salary: Ending Salary:

Supervisor's Name and Supervisor's Title:

Employer's Phone:

Your Name Under which employed (if different):

Job Duties and Responsibilities:

May we contact this employer for a reference? (*Please Circle Yes or No*)

Reason for Leaving

Next Questions

Employer Name: Job Title:

City: State:

Date Hired: Date Left:

Starting Salary: Ending Salary:

Supervisor's Name and Supervisor's Title:

Employer's Phone:

Your Name Under which employed (if different):

Job Duties and Responsibilities:

May we contact this employer for a reference? *(Please Circle Yes or No)*

Reason for Leaving

Next Questions

Employer Name: Job Title:

City: State:

Date Hired: Date Left:

Starting Salary: Ending Salary:

Supervisor's Name and Supervisor's Title:

Employer's Phone:

Your Name Under which employed (if different):

Job Duties and Responsibilities:

May we contact this employer for a reference? **Please Circle (Yes or No)**

Reason for Leaving

Next Questions

Employer Name: Job Title:

City: State:

Date Hired: Date Left:

Starting Salary: Ending Salary:

Supervisor's Name and Supervisor's Title:

Employer's Phone:

Your Name Under which employed (if different):

Job Duties and Responsibilities:

May we contact this employer for a reference? *Please Circle (Yes or No)*

Reason for Leaving

Do you have a License/Certification/Registration? **Please Circle (Yes or No)**

License/Certification/Registration	State Number	Original Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your professional license ever been suspended or revoked? **Please Circle (Yes or No)**

Is any action currently pending that could result in suspension or revocation of your professional license?

Please Circle (Yes or No)

If yes to either of the above, please explain.

Section IV

- Are you at least 18 years of age? Yes No
- Are you currently authorized to work in the United States for any employer without restriction?
Proof of current authorization to work will be required upon employment. (Yes or No) _____
- Will you now or in the near future require employment visa sponsorship (i.e., H-1B Visa)? **(Yes or No)** _____
- If you receive a conditional offer of employment, will you submit to the post offer process including a physical assessment for the job offered and a test for illegal use of drugs, at the expense of New Journey Support Services?
(Yes or No) _____
- Are you currently or have you previously been disqualified or suspended from working for an employer that receives Medicare, Medicaid, or other federal funds? **(Yes or No)** _____
If yes, please explain:
- Have you received disciplinary action, been placed on probation, or been investigated by any state licensing board(s)?
(Yes or No) _____
If yes, please explain:
- Have you been warned, disciplined or received Disciplinary action by an employer in the last seven years?
(Yes or No) _____
If yes, please describe:
- Have you been discharged from employment or been given the option of submitting a resignation from employment in lieu of being discharged in the last seven years? **(Yes or No)** _____
If yes, please describe:

- Have you been convicted of or have charges pending (regardless of adjudication), plead guilty, had prosecution deferred, or plead no contest to a felony or misdemeanor?

*If yes, include convictions of DUI/DWI, driving with a suspended license, or reckless driving.
(A conviction does not necessarily disqualify you from employment)*

Conviction:
Date:
City, State:

- May we conduct a detailed reference check? **(Yes or No)** _____

CANDIDATE'S/APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the information given by me in this application is true and complete in all respects and understand any falsification or omission shall be sufficient cause for separation from or refusal of employment.

I certify that I am eligible under all state and federal laws to accept employment.

I authorize my former employer's, and persons listed as references on this application to furnish any information concerning my personal character, habits, and employment record, and I release all such persons from any liability or damages incurred as a result of inquiry and furnishing this information.

All applicants given a conditional offer of employment will be required to submit to a test for illegal use of drugs, possibly by urinalysis, prior to appointment. If offered employment, I agree to undergo the post offer process including a physical assessment and a test for the illegal use of drugs at the expense of New Journey Support Services. I understand that failure to successfully complete the post offer process shall be sufficient cause for withdrawal of the conditional offer of employment.

Once employed, I understand that there is 90 days probation and New Journey Support Services may terminate or modify the relationship at any time if I cannot conform to the policies and procedures of New Journey Support Services. I understand that my employment is for no definite period of time and is terminable at-will. If terminated, New Journey Support Services is liable only for wages or salary earned as of the date of termination. In consideration of my employment, I agree to conform to the policies and procedures of New Journey Support Services. Once employed and I decide to separate employment for any reason, I must give at least two weeks' notice in order to terminate my employment.

The needs of New Journey Support Services may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. If employed, I accept these conditions.

I have read this and understand this agreement and certify the information I have provided in my employment application is true and complete. I further understand that if I provided any false information, I will be ineligible for employment and/or separated from employment.

Date:

Candidate's/Applicant's Signature: _____

PRINT FULL LEGAL NAME: