

Rainbow Abilities Center Employment Application

Date of Application _____ Date Available _____

Position _____ Salary Requirements _____

PERSONAL INFORMATION

NAME (Full) _____

Address (current) _____

City _____ State _____ Zip _____

Telephone Number/Cell _____

Secondary telephone number _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

This employer participates in E Verify program to confirm you are eligible to work in the United States

If you are hired, can you provide proof that you are legally entitled to work in the United States? YES _____ NO _____

Are you Registered with "Family Care Safety Register" YES _____ NO _____

Best time for an interview _____

EDUCATION * A high school diploma or equivalency is required for employment as a Support Professional

<u>Name of School</u>	<u>Type of School</u>	<u>Course of Study</u>
-----	High School	Diploma or Equivalency (Circle one)
_____	College, Other (Circle one)	Diploma, Major and Degree (Circle one)
_____	College, Other (Circle one)	Diploma, Major and Degree (Circle one)

SPECIAL SKILLS/ABILITIES/TRAINING

Did you serve in the Military? YES _____ NO _____ Date of Service _____

Have you ever been convicted of a Felony or Misdemeanor within the last five years? YES _____ NO _____

(If yes, please describe) _____

EMPLOYMENT HISTORY (Please list ALL previous employers, most recent first)

Current Employer's Name _____ **Type of Firm** _____

Employer's Address _____

Title _____ **Supervisor** _____ **Started** _____ **Date Left** _____

Telephone number _____

Reason for leaving _____ Salary _____

Employer's Name _____ Type of Firm _____

Employer's Address _____

Title _____ Supervisor _____ Started _____ Date Left _____

Telephone number _____

Reason for leaving _____ Salary _____

Employer's Name _____ Type of Firm _____

Employer's Address _____

Title _____ Supervisor _____ Started _____ Date Left _____

Telephone number _____

Reason for leaving _____ Salary _____

Employer's Name _____ Type of Firm _____

Employer's Address _____

Title _____ Supervisor _____ Started _____ Date Left _____

Telephone number _____

Reason for leaving _____ Salary _____

References

List with phone numbers the names of three persons familiar with your character, ability or education for more than one year. Please DO NOT include friends or relatives.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

This application does not constitute a written employment agreement. In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employee is an at will relationship and that the employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either Rainbow Abilities center or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.

I further understand that I may be required to take one or more: Physical examination, TB test and/or drug screening as a condition of hiring or continued employment. I agree to take test such a time as designated by the company and release the company and their agents or employees from claims arising with such tests.

I hereby grant permission to Rainbow Abilities Center to investigate the information contained in this application and release Rainbow Abilities center and any agents or other persons acting on behalf of the company from any and all liability relating to any investigation of the information

Signature of Applicant _____ Date _____