

# Employment Application

An Equal Opportunity Employer

Employees of Freedom Senior Services of Indiana, Inc and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by notifying Freedom Senior Services of Indiana, Inc.

**1. Position(s) applied for (list all)**

**2. Social Security Number** *(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)*

**3. Full legal name**

Last	First	Middle
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**4. Address**

Street	City	State	Zip
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<b>5. Home Phone</b> ( )	<b>6. Alt./Mobile Phone</b> ( )	<b>7. E-mail Address</b>
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**8. EDUCATION**

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No

c. Check number of years of post high school education 1 2 3 4 5 6 7 or more

#	Name and Location of Institution Attended	Hours	Degree Received	Major or Specialty	Minor	Dates Attended
1						
2						
3						

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

**9. EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

a. Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates (mo./yr.) From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates (mo./yr.) From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

e. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

**10. REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
		( ) -	
		( ) -	
		( ) -	

**11. MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift \_\_\_\_\_
- b. List the geographic locations in which you are **NOT** willing to work. If anywhere, write "ALL" \_\_\_\_\_
- c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
 Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- d. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- e. Have you ever been convicted, found guilty, plead guilty or entered a plea of nolo contendere for any violation(s) of law, except minor traffic offenses?  Yes  No. Do you consent to a check of closed records?  Yes  No.  
Description of offense:  
Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_ / \_\_ / \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
County, City, State of \_\_\_\_\_  
(For additional convictions use plain paper. Include all information listed above.)

12. When will you be available to start work? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**13. CERTIFICATION: Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Freedom Senior Services of Indiana. I understand that all information on this application is subject to verification. I consent to a criminal history background check including a check of closed records. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Freedom Senior Services of Indiana to rely upon and use, as it sees fit, any information received from such contacts. I agree not to seek or accept employment, independently contract or otherwise perform services for any client for a period of ninety (90) days after the last date of assignment.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

# Supplementary Experience Form

Social Security Number: \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_  
 Name: \_\_\_\_\_

Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present
Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present
Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present
Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present
Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present
Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	Reason for Leaving:
Dates (mo./yr.)	From:	To:	
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