

Application for Employment

Exempt Position: _____ Non-Exempt: _____

In accordance with state and federal law, AVANCE will not discriminate against an employee or application for employment because of race, disability, color, creed, religion, sex, age, national origin, veteran status, or any other legally protected status. Resume required for exempt position.

(Please Type or Print In Ink)

Position(s) Applied For: _____ Date of Application: ____/____/____

How did you learn about us?

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Last Name	First Name	Middle Name
Street Address	City	State Zip Code
Telephone Number(s): Home: ()		Business: ()
Social Security Number:	Driver's License Number:	Class

If under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever been employed with us before? Yes No
If Yes, give dates _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available to work? _____

Are you available to work:

- Full Time Part-Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Are you willing to travel if required? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Personal References: (Cannot be related to you)

1. (Name) _____ (Phone No.) _____ (Address) _____

2. (Name) _____ (Phone No.) _____ (Address) _____

3. (Name) _____ (Phone No.) _____ (Address) _____

EMPLOYMENT EXPERIENCE

Start with your present or last job

May we contact your present employer? Yes No

Employer's Name (Most Recent)	Work Performed
Street Address City State Zip Code	
Dates of Employment From To	
Position Last Held Hourly Rate/Salary at Time of Separation	
Reason for Leaving	
Supervisor's Name and Phone Number	
Employer's Name (Most Recent)	Work Performed
Street Address City State Zip Code	
Dates of Employment From To	
Position Last Held Hourly Rate/Salary at Time of Separation	
Reason For Leaving	
Supervisor's Name and Phone Number	
Employer's Name	Work Performed
Street Address City State Zip Code	
Dates of Employment From To	
Position Last Held Hourly Rate/Salary at Time of Separation	
Reason for Leaving	
Supervisor's Name and Phone Number	

Work Reference Check

SECTION 1: TO BE COMPLETED BY AVANCE, INC STAFF

TO WHOM IT MAY CONCERN:

The applicant named below has submitted an application for employment with AVANCE, Inc. Please verify employment and rate the performance of this candidate on page 2 of this form. This information will remain confidential. Please return within 5 days in the enclosed stamped, self-addressed envelope.

Thank you.

AVANCE Representative

Office Name

Address

City, State, Zip

SECTION 2: TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ Date of Application: _____

SS#: _____ - _____ - _____ Dates of Employment: from _____ to _____

Name of Employer: _____

Employer Address: _____

Contact Person: _____ Phone Number: _____

AUTHORIZATION BY APPLICANT

I, _____, authorize *my former employer (shown above)* to furnish AVANCE with whatever information they may have regarding my employment including my reason (s) for leaving.

I am signing this waiver voluntarily and am requesting that *my former employer* respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with AVANCE, Inc., I waive and release *my former employer* and *AVANCE Inc.* from any and all claims or causes of action in law or equity, including but not limited to defamation of character, emotional distress, or invasion of privacy, which might arise from responding to this reference check and/or arising from any information obtained or disseminated pursuant to this Work Reference Check.

Signature of Applicant

Date

(OVER)

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates of Employment: from _____ to _____

Position Title at Separation: _____

Number of Staff Supervised by Applicant: _____

Rate of Pay: Hourly Weekly Biweekly Salary

Reason for Leaving: _____

Is this employee eligible for rehire? Yes No

PLEASE RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

E = excellent; AA= above; A= average; BA= below average; P= poor

		E	AA	A	BA	P
QUALITY OF WORK	Was the applicant careful and conscientious?					
KNOWLEDGE	Did the applicant understand the requirements of the job?					
DEPENDABILITY	Rate the applicant's attendance, timeliness and promptness.					
WORK RELATIONS	Rate the applicant's willingness to be a team player.					
INSTRUCTIONS	Did the applicant follow instructions carefully and thoroughly?					
TRAINABILITY	Did the applicant learn new skills easily?					
CRITICISM	Did the applicant respond well to correction or criticism?					
ADAPTABILITY	Did the applicant respond well to change?					

SUPPLEMENTAL PERSONAL REFERENCE

In what capacity other than work do you know the applicant? N/A

How long (in years) have you known the applicant? 0 to 1 1-2 2 to 4 4+

CERTIFICATION

The information I have given is accurate to the best of my knowledge.

Title of Person Completing This Form

Authorized Signature and Date

SECTION 4. TO BE COMPLETED BY AVANCE, INC STAFF FOR TELEPHONE CHECKS

This reference was obtained BY TELEPHONE on this date of _____ (00/00/00) by _____ (authorized signature)

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School/GED				
Undergra. College				
Graduate or Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write:			
	Fluently	Well	Limited
Speak			
Read			
Write			

Additional Information

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

<i>Other Qualifications</i> Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

- Calculator Microsoft Word Microsoft Excel
- Fax Typewriter (_____ wpm)
- Other skills/office equipment operated _____

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ (Initials)

AVANCE, Inc. performs criminal background checks for all its employees. If hired, I consent to a criminal background check by AVANCE, Inc. and release AVANCE Inc. and its employees from any and all claims, causes of action, and/or liability resulting from obtaining and/or disseminating such information.

_____ (Initials)

I recognize and understand that, if hired, my employment with AVANCE, Inc. is not for a definite period of time. If hired, my employment is at will and may only be modified pursuant to a written contract signed by me and the President or Executive Director of AVANCE, Inc. or his/her designee. I agree that AVANCE, Inc. is free to terminate my employment with the company at any time, with or without cause and with or without notice.

_____ (Initials)

I acknowledge that if hired, I must satisfy the results of a drug and alcohol screening test at AVANCE, Inc.'s selected testing site and time. I am aware that refusal to take such a test or positive identification of being under the influence of alcohol or of possession, use or being under the influence of a drug can result in not getting hired.

_____ (Initials)

I understand that any false statement, omission, or misrepresentation given in my application or interview(s) may result in the rejection of my application and my candidacy for this position or any other position with the company, or in discharge in the event of my employment.

_____ (Initials)

I authorize AVANCE, Inc. to contact my previous or current employers or personal references as shown on the Work Reference Form which I have signed.

_____ (Initials)

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ALL THE ABOVE CONDITIONS AND CONSENT TO THESE SAME CONDITIONS.

Applicant's Signature

Date of Signature