

In-Roads Creative Programs, Inc.

Programs for Children and Adults

Employment Application

| | |
|----------------------------|-------|
| For Office Use Only | |
| Date Received: | _____ |
| Position Applied For: | _____ |
| | _____ |

An Equal Opportunity Employer

APPLICANT INFORMATION

| | | | | | | | | | | | |
|---|------------------------------|-----------------------------|--|-------------------------------|--|--|------------------------------|-----------------------------|--|--|--|
| Last Name | | | | First | | | M.I. | Date | | | |
| Street Address | | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | ZIP | | | | |
| Phone | | | | E-mail Address | | | | | | | |
| Date Available | | | | Last 4 of Social Security No. | | | | | | | |
| Position Applied for | | | | | | | | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| If hired, would you have reliable means of transportation to and from work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Do you have a valid driver's license? | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| If no, describe the functions that cannot be performed. | | | | | | | | | | | |

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

EDUCATION

| | | | | | | | | | | | |
|---|------|-------------------|------------------------------|-----------------------------|-------------------|--|--|--|--|--|--|
| High School | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |
| College | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |
| Other | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |
| Specialized skills (including certificates, languages, including ASL) | | | | | | | | | | | |
| US Military or Civil Service | Rank | | | | Rank of Discharge | | | | | | |

REFERENCES

Please list two professional references.

| | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | |
|--|----|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

DISCLAIMER AND SIGNATURE

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I further understand that In-Roads Creative Programs, Inc. adheres to the policy of "employment at will," and that any offer of employment will be on an "employment at will" basis. I understand and agree that both the Company and I have the right to terminate the employment relationship at any time, with or without notice.

Signature

Date

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby authorize ***In-Roads Creative Programs, Inc.*** to thoroughly investigate my references, work record, education, background and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature

Date