



## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, age, marital, veteran status, disability, or non-job related medical condition. Offers of employment may be contingent on successfully passing a drug test.

1. Please review the instructions listed below carefully before filling out this Application. Failure to follow the instructions or failure to fully complete and sign this form will result in the exclusion of your Application.
2. This Application will be kept on file for 60 days. If you wish to be considered for employment after 60 days from the date you submit your Application, you need to complete another application.
3. Answer only the questions asked. DO NOT include any extraneous information, which would indicate your race, age, color, sex, religion, national origin, disability or union affiliation. Since we are an Equal Opportunity Employer, information relating to those factors has no place in our hiring process.

**PERSONAL DATA**

**DATE OF APPLICATION:**

Name: First Middle Last

Address: City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Paid Rate Requested: \_\_\_\_\_

Will you accept full-time work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you accept part-time work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you work all shifts including overtime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Date available: \_\_\_\_\_

Are you able to prove that you are at least 16 years of age upon hire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a U.S. citizen or have a legal right to be employed in the U.S.? (If yes, proof is required)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you have a position with another employer that would continue if employed by us?

Yes

No

Do you have Act 33/34 Clearance? (Applicant must provide copy of the clearance)

Yes

No

Do you have a valid driver's license? Driver License Number: \_\_\_\_\_

Yes

No

Do you have reliable transportation with valid insurance?

Yes

No

Have you ever been convicted of or plead guilty to a crime or any other offense, other than a traffic violation, which has not been expunged or sealed by the court?

Yes

No

*(Criminal conviction will not necessarily disqualify you which you have applied, to help us evaluate please describe the offense below.)*

Yes, please explain:

---

---

If Yes, please explain (Note: A yes answer does not automatically disqualify you from employment, since the nature of the offense, and date will be considered.):

**EMPLOYMENT HISTORY (Please list your present or most recent employer first)**

---

May we contact your most recent employer?

Yes

No

---

Employer:

Phone Number: ( ) -

Address:

Employed From

To

Position Title:

Wage/Salary:

Supervisor's Name:

Reason for Leaving:

Nature of work performed and responsibilities:

---

---

Employer:

Phone Number: ( ) -

Address:

Employed From

To

Position Title:

Wage/Salary:

Supervisor's Name:

Reason for Leaving:

Nature of work performed and responsibilities:

---

---

Employer:

Phone Number: ( ) -

Address:

Employed From

To

Position Title:

Wage/Salary:

Supervisor's Name:

Reason for Leaving:

Nature of work performed and responsibilities:

---

---

Employer:

Phone Number: ( ) -

Address:

Employed From

To

Position Title:

Wage/Salary:

Supervisor's Name:

Reason for Leaving:

Nature of work performed and responsibilities:

Please explain any gaps in dates of employment:

Have you ever worked with or for any employees of This Generation Cares who would be willing to give you a good reference? If so, who?

**EDUCATION**

School Attended	Name	City, State, Zip	Major/Course Of Study	Highest Level Completed	Degree
High School					
College					
Graduate School					
Business/Trade					
Other (Describe):					

Certifications: (Please list type and date)

Please list any special skills or training, computer and software knowledge, or equipment you can operate:

Are you a Veteran of the United States Military Service? Branch: \_\_\_\_\_

Does any medical condition prevent you from lifting? List: \_\_\_\_\_

Please state additional information (i.e, languages, etc) you would like us to consider:

\_\_\_\_\_  
\_\_\_\_\_

---

**PLEASE READ CAREFULLY**

---

Special Employment Notice to Veterans w/ Disability, Vietnam Era Veterans and Individuals with Physical or Mental Disabilities

Government Contractors are subject to 38 USC 2012 of the Vietnam Era Veteran's Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified veterans with a disability and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which requires government qualified individuals with a disability.

If you are a veteran with a disability, or are a person with a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner.

This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

Person w/Disability \_\_\_\_\_ Veteran w/Disability \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by This Generation Cares, I agree that:

Should I become an employee of THIS GENERATION CARES, I specifically understand and agree that I am an employee at will. Either THIS GENERATION CARES or I may terminate employment at any time with or without reason or notice. No offer of employment or subsequent employment shall create an actual or implied contract of employment regardless of the content of the employee handbook, personnel manuals, benefit plans or policy statements. If employed, I understand that THIS GENERATION CARES may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give THIS GENERATION CARES permission to contact schools, previous employers (unless otherwise indicated), references, Department of Motor Vehicles for a motor vehicle check, and others, and hereby release THIS GENERATION CARES from any liability as a result of such contact. I agree that THIS GENERATION CARES or any of its subsidiaries shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application.

I understand that (1) THIS GENERATION CARES has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based upon successful passing of testing under such policy. I hereby authorize This Generation Cares to release such information if an investigation is necessary.

I further understand that the first three months of my employment with THIS GENERATION CARES shall be considered a review period, and further that at any time during the review period or thereafter, my employment relations with THIS GENERATION CARES is terminable at will for any reason by either party. In addition, I understand that no promise, representation or agreement to the foregoing is binding on This Generation Cares unless made in writing and signed by me and an authorized representative of THIS GENERATION CARES.

I understand that I am required to abide by all rules and regulations of THIS GENERATION CARES.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Thank you for completing this application form and your interest in This Generation Cares.**

I understand it is my responsibility to review the policy in the employee handbook and that I will be subject to future random and for cause testing and that this consent shall remain valid during my term of employment and is a term or condition of my employment. Consistent with the Policy, I may be requested by This Generation Cares to submit to a screening test for illegal drugs, illegally used drugs and /or alcohol which may include breath analysis, the collection of urine, hair and other necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances.

I hereby voluntarily consent to provide This Generation Cares with samples of urine and / or hair for such purpose at laboratories designated by This Generation Cares. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

The tests will be used to detect the presence of the following substances, in addition to other substances for which This Generation Cares may be required to test for under Federal or State law.

Alcohol Cocaine Metabolites Methadone  
Amphetamines Hallucinogens Phencyclidine (PCP)  
Benzodiazepines Barbiturates Marijuana (Cannabinoid Metabolites)  
Propoxyheene (Davon) Opiate Derivatives (Morphine, Codeine)

I understand that all screening tests for drugs will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs, I will not be considered for employment, or in the event I am an employee at the time of the test I may be subject to discipline including termination, in accordance with the Drug and Alcohol Policy. I will be given reasonable opportunity to explain confirmed positive test for substances other than illegal drugs. If I provide an unacceptable explanation I will be denied employment.

I understand that I may request a copy of any test taken, as part of the screening tests upon receipt of the results by This Generation Cares or from the laboratory.

I understand the results of these tests and other relevant medical information may be used for employment decisions. I hereby authorize the designated laboratory to release results to This Generation Cares. I further agree to hold This Generation Cares, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

---

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name