

# OPPORTUNITIES, INC. APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name	First Name	Middle Name	Maiden Name
Street Address	City	State	ZIP
Telephone Number(s)		Social Security Number	
Position(s) Applied For		Date of Birth	
Race		Date of Application	

Are you 18 years of age or older?      Yes    No      Date available \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have transportation available during working hours?    Yes    No

Do you have the legal right to work and live in the U.S.?    Yes    No  
*(Federal law requires proof of citizenship or immigration status upon employment)*

Have you ever been convicted of a felony?      Yes    No  
If yes, state details. \_\_\_\_\_

Would you relocate?      Yes    No

List names and relationships of persons you know working here \_\_\_\_\_

## EDUCATION

Circle the highest grade completed. .

Elementary: 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4 5 6 7 8

G.E.D. (High School Equivalency) Year Received \_\_\_\_\_ Where \_\_\_\_\_ CDA \_\_\_\_\_

	High School	College/University	Vo-Tech/Other
School Name and Location			
Primary Courses of Study			

Describe any specialized training or skills:

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1	Employer _____	From _____	To _____
	Address _____		Telephone _____
	Name and Title of Supervisor _____		
	Job Duties _____		
Reason for Leaving _____			
2	Employer _____	From _____	To _____
	Address _____		Telephone _____
	Name and Title of Supervisor _____		
	Job Duties _____		
Reason for Leaving _____			
3	Employer _____	From _____	To _____
	Address _____		Telephone _____
	Name and Title of Supervisor _____		
	Job Duties _____		
Reason for Leaving _____			

## REFERENCES

Please give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

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

## CONDITIONS OF EMPLOYMENT

Please initial each statement certifying you have read and understood all statements in the **CONDITIONS OF EMPLOYMENT.**

- \_\_\_\_\_ I acknowledge that the information I have supplied is correct to the best of my Knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.
- \_\_\_\_\_ If selected for employment, I understand I will be required to submit documentation establishing my identity and eligibility to be legally employed in the United States by the date given as available for work.
- \_\_\_\_\_ (Head Start applicants only) If selected for employment, I understand employment is conditional upon approval by the Head Start Policy Council.
- \_\_\_\_\_ I understand if I am selected for employment additional information may be required by State or Federal laws or regulations including but not limited to OSBI & DMV.
- \_\_\_\_\_ I understand that compliance with the agency's Drug Free Workplace Policy are conditions of continued employment.
- \_\_\_\_\_ I understand the agency may investigate and verify all data given on this application on related papers and in interviews. I authorize individuals, schools and firms named herein, except my current employer, if so noted, to provide any information requested and I release them from all liability for damage in providing this information.
- \_\_\_\_\_ I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.
- \_\_\_\_\_ I understand that any offer of employment is conditional upon my taking a drug and alcohol test and the result thereof. I understand refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" drug screen result and will have the offer of employment withdrawn.
- \_\_\_\_\_ I hereby authorize Opportunities, Inc., and its designated agents and representatives to conduct a comprehensive review of my background with the information obtained from this application.

A false or dishonest answer to any question on this agency's application for employment will cause you to be ineligible for employment. All statements of this application are subject to investigation, including a background check, references and former employers. All information will be considered in determining employment with this agency.

**I certify that the answers given herein are true and correct. I also certify that I have read and understand all statements in the conditions of employment.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*OPPORTUNITIES, INC., COMMUNITY ACTION AGENCY IS AN EQUAL OPPORTUNITY AND ADA EMPLOYER.*