



Equal Opportunity Employer / Drug-Free Workplace

SI is an equal employment opportunity employer. SI adheres to a policy of making employment decisions without race, color, age, sex, pregnancy, religion, national origin, ancestry, citizenship status, disability, or uniformed status. SI has a Drug and Alcohol Free Workplace Policy in effect.

Last Name		First	Middle Initial	Social Security Number		Date
Street Address			City	Country	State	Zip Code

PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT ACCEPTED IN PLACE OF THIS APPLICATION BUT CAN BE ATTACHED FOR ADDITIONAL INFORMATION.

Position Applying For: _____		Cell Phone: Home Phone: Email:
LEVEL: <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Associate Professional <input type="checkbox"/> Qualified Professional		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call Date You Are Available: _____		
I would prefer to regularly work:		NUMBER OF HOURS PER WEEK PREFERRED: _____
<input type="checkbox"/> Mornings (Monday thru Friday) <input type="checkbox"/> Mornings (Saturdays) <input type="checkbox"/> Mornings (Sundays) <input type="checkbox"/> First Shift <input type="checkbox"/> Afternoons (Monday thru Friday) <input type="checkbox"/> Afternoons (Saturdays) <input type="checkbox"/> Afternoons (Sundays) <input type="checkbox"/> Second Shift <input type="checkbox"/> Evenings (Monday thru Friday) <input type="checkbox"/> Evenings (Saturdays) <input type="checkbox"/> Evenings (Sundays) <input type="checkbox"/> Third Shift		
Because we assist mentally ill adults in their daily lives, our company must support our Clients in the Evening (ie: Concerts, NA, AA, Church Services), Saturdays (ie: Community Events, fairs, outings), and Sundays (ie: Church Services, Sunday Events). In addition we must support our clients on an emergency basis when a crises takes place. Can you occasionally work with our clients on any of the following timeframes:		
<input type="checkbox"/> Mornings (Monday thru Friday) <input type="checkbox"/> Mornings (Saturdays) <input type="checkbox"/> Mornings (Sundays) <input type="checkbox"/> First Shift <input type="checkbox"/> Afternoons (Monday thru Friday) <input type="checkbox"/> Afternoons (Saturdays) <input type="checkbox"/> Afternoons (Sundays) <input type="checkbox"/> Second Shift <input type="checkbox"/> Evenings (Monday thru Friday) <input type="checkbox"/> Evenings (Saturdays) <input type="checkbox"/> Evenings (Sundays) <input type="checkbox"/> Third Shift		
Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever pled guilty or 'no contest' to, or been convicted of, a misdemeanor or felony? If yes, please give the date(s) and details. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give dates and explain below. <i>Note: Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.</i>		
Are you 20 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state your age: _____		
Have you ever been employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state dates of employment, location, and position title: _____		
Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain circumstances and provide dates: _____		
How many days were you absent from work during the past two years for reasons other than for paid holidays and vacation? Year: 20____ Number of days absent: _____ Year: 20____ Number of days absent: _____		
Please explain any gaps in your employment history: 		
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____		

How did you hear about this position?	<i>(Please specify name of the newspaper, agency, etc.)</i>	
<input type="checkbox"/> Internet/Newspaper:	<input type="checkbox"/> Employment Agency/Service:	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Employee Referral:	<input type="checkbox"/> School/College:	

EDUCATION

Name of School (Last School First)	City/State	Year Started/Ended	Number of Years Attended	Field of Study	Diploma/Degree

EMPLOYMENT RECORD

List your present and prior employers in chronological order with the present or last employer first. If self-employed give firm name and provide references.

Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address	City	State	Zip Code
		Telephone Number	
Dates Employed: From:	To:	Position Held:	Reason for Leaving:
Work Performed:		Are you eligible for rehire?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address	City	State	Zip Code
		Telephone Number	
Dates Employed: From:	To:	Position Held:	Reason for Leaving:
Work Performed:		Are you eligible for rehire?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address	City	State	Zip Code
		Telephone Number	
Dates Employed: From:	To:	Position Held:	Reason for Leaving:
Work Performed:		Are you eligible for rehire?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address	City	State	Zip Code
		Telephone Number	
Dates Employed: From:	To:	Position Held:	Reason for Leaving:
Work Performed:		Are you eligible for rehire?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related credentials or qualifications, including licenses and certificates (MD, NP, Psychologist, LPC, LCSW, LMFT, RN, LPN, etc.)

Credential:	License/Certificate Number:	State:	Exp. Date:
Credential:	License/Certificate Number:	State:	Exp. Date:
Other Skills and Certifications: <input type="checkbox"/> CNA I Expiration: _____ NCI Part A <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration: _____ <input type="checkbox"/> CNA II Expiration: _____ NCI Core <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration: _____ <input type="checkbox"/> CPR Expiration: _____ NCI Core + <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration: _____ <input type="checkbox"/> Basic First Aid Expiration: _____ Other: _____ Passed NC Med Aide Test <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License #: _____ State: _____			
Describe experience working with Mentally Challenged Adults or Children:			
Describe any hobbies or special skills you have which you may enjoy sharing with mentally challenged Clients on a professional basis. (Examples: music, fishing, bowling, softball, swimming, faux painting, knitting, computers, jogging, animal care, etc.)			
In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify below with relevant date.			
Name:			Relevant Date:
List any relatives or friends who are currently employed by the Company:			
Name:		Relationship:	
Name:		Relationship:	

REFERENCES

Give name, address, telephone number, and company name of three professional references who are not related to you by birth or marriage, but are previous employers.

Name	Address	Telephone Number	Company Name

Give name, telephone number, and company name of three **character references not related** to you by birth or marriage.

Name	Telephone Number (with area code)	Company Name

APPLICANT STATEMENT AND AGREEMENT

I, the undersigned Applicant, hereby state that all Information provided by me on this Employment Application, as well as any other documents completed in connection with my employment application, including interviews, is true and accurate. I have withheld nothing that, if disclosed, would affect this Application unfavorably. I understand that any false, misleading or omitted information given in my application, interview(s), or any other document or statement may result in disqualification from employment, or termination from employment if discovered after hire.

I authorize the Company and SCI to investigate my background and all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting the employers, educational institutions, and persons listed previously, as well as law enforcement agencies, credit institutions, department of motor vehicles, or other persons having personal knowledge about me. I hereby release and hold harmless all current and former employers, their agents, employees, and representatives, educational institutions, persons and organizations named in this application or accompanying resume, as well as other individuals who release information to the Company and/or SCI in this regard from all liability on account of furnishing such information to the Company and/or SCI or their agents. I further understand that SCI may obtain public records about me as part of a background investigation and that I hereby waive my right to receive a copy of such public records.

I authorize my previous employers to disclose to the Company and SCI all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company/SCI, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Check here there is a particular employer you do not wish us to contact and provide information below:

Company Name: _____ Reason: _____

I understand that the Company and SCI reserve the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine, and/or saliva samples (as well as blood or breath samples where applicable and as allowed by law) as requested for the purpose of determining the presence of drugs and/or alcohol, if any. I authorize the release of all medical information obtained during the examination and testing procedure to the Company and SCI. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon the passing of a physical examination and satisfactory drug testing. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

In the event of my employment by the Company and SCI, I will comply with all rules and regulations of the Company and SCI. I understand that if I am hired, I will be subject to a ninety (90) day introductory probationary period. If any term, provision, or portion of this Statement and Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE TERMS IN THE APPLICANT STATEMENT AND AGREEMENT.

Signed, this _____ day of _____ 20_____

Applicant Signature: _____