

Are you able to perform the essential functions of the job for which you are applying? YES NO

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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? YES NO
Convictions for marijuana-related offenses that are more than two years old need not be listed

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? YES NO

If so, may we contact your current employer? YES NO

E D U C A T I O N , T R A I N I N G A N D E X P E R I E N C E

School Name	Address	Number of years completed	Did you graduate?	Degree or Diploma
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at In2Change? If so, please explain: _____

Answer the following questions if you are applying for a professional position

Are you a licensed/certified for the job applied for? YES NO

Name of license/certification: _____

Issuing State: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? YES NO

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____



E M P L O Y M E N T H I S T O R Y

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Note: Attach additional page(s) if necessary.

1. Name of employer: _____

Address: _____
Street Apt. City State ZIP

Type of business: _____

Telephone No. () _____ Your supervisor's name: _____

Your position and duties: _____

Date of employment: From _____ To _____

Monthly pay: Starting _____ Ending _____

Reason for leaving: _____

2. Name of employer: _____

Address: _____
Street Apt. City State ZIP

Type of business: _____

Telephone No. () _____ Your supervisor's name: _____

Your position and duties: _____

Date of employment: From _____ To _____

Monthly pay: Starting _____ Ending _____

Reason for leaving: _____

3. Name of employer: _____

Address: _____
Street Apt. City State ZIP

Type of business: _____

Telephone No. () _____ Your supervisor's name: _____

Your position and duties: _____

Date of employment: From _____ To _____

Monthly pay: Starting _____ Ending _____

Reason for leaving: _____



4. Name of employer: _____

Address: _____

Street Apt. City State ZIP

Type of business: _____

Telephone No. () _____ Your supervisor's name: _____

Your position and duties: _____

Date of employment: From _____ To _____

Monthly pay: Starting _____ Ending _____

Reason for leaving: _____

5. Name of employer: _____

Address: _____

Street Apt. City State ZIP

Type of business: _____

Telephone No. () _____ Your supervisor's name: _____

Your position and duties: _____

Date of employment: From _____ To _____

Monthly pay: Starting _____ Ending _____

Reason for leaving: _____



M I L I T A R Y S E R V I C E

Have you obtained any special skills or abilities as the result of service in the military? YES NO

If so, describe: _____

R E F E R E N C E S

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. Name _____ Occupation _____

Address _____

Street Apt. City State ZIP

Telephone No. () _____ Number of years acquainted _____

2. Name _____ Occupation _____

Address _____

Street Apt. City State ZIP

Telephone No. () _____ Number of years acquainted _____

3. Name _____ Occupation _____

Address _____

Street Apt. City State ZIP

Telephone No. () _____ Number of years acquainted _____

Please read carefully, initial each paragraph and sign below

_____ 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 hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, 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.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreements as the dispute resolution, either oral or written.

_____ 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 the company and me. 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 to the contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

