

Job Application

Advocacy Links, LLC does not discriminate on basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits employment of unauthorized aliens. All staff must submit satisfactory proof of identity within three (3) days of start date. Failure to submit such proof within the required time frame shall result in immediate termination.



APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available		Social Security No.			Desired Salary				
Position Applied for									
Schedule desired:		Full <input type="checkbox"/>	Part <input type="checkbox"/>	If Part Time, how many hours/week?					
Are you able to travel for this position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, % of time?					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Last Name when degree obtained:									
Other:									
Please list any certificates earned (or in process) and/or any additional training programs you have completed but are not part of your formal education.									

REFERENCES

Please list three personal professional references, other than the employment contacts listed on the following page, that can provide information regarding your strengths, weaknesses, work ethic, accomplishments, etc.

Full Name		Relationship	
Company		Phone	
Address			
Email Address			
Full Name		Relationship	
Company		Phone	
Address			
Email Address			
Full Name		Relationship	
Company		Phone	
Address			
Email Address			

PROFESSIONAL AFFILIATIONS TO WHICH YOU BELONG (BUT PLEASE REFRAIN FROM DESIGNATING THOSE WHICH INDICATE AGE, SEX, COLOR, RACE, CREED, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL BELIEF, OR DISABILITY):

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PLEASE SUMMARIZE YOUR WORKING EXPERIENCE WITH PEOPLE WHO HAVE INTELLECTUAL/DEVELOPMENTAL DISABILITIES, INCLUDING THE NUMBER OF YEARS OF EXPERIENCE.

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PREVIOUS EMPLOYMENT

Please list most current or most recent first and include 7 years of work related internships, military, and volunteer positions. Complete information completely without referring to resume.

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

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER, RELEASE AND SIGNATURE FOR APPLICATION

- I certify that the information I have furnished on this application is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any contract offer made to me may be withdrawn or my subsequent relationship with Advocacy Links, LLC may be terminated.
- In connection with my application and as a condition of continuous work, I understand that investigative background inquiries may be made upon me including, but not limited to, previous employers, schools, consumer credit, criminal convictions, nurse aide registries, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience. Employment verifications from previous employers may include dates of employment, salary information, title, employment status and / or reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities related to my driving, credit, criminal, civil, employment and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Advocacy Links, LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form. I understand that with any negative findings on these reports that do not meet State or Agency policies, any contract or employment offer made to me may be withdrawn or my subsequent relationship with Advocacy Links, LLC may be terminated.
- All staffing decisions at Advocacy Links, LLC are at will. I understand this application is not a contract, nor can it be used to create one. Staffing with Advocacy Links, LLC has no specific term and may be terminated by the applicant or Advocacy Links, LLC with or without notice. I acknowledge that Advocacy Links, LLC has not made any promises or representations that differ from those contained in this paragraph.
- I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Advocacy Links, LLC, and that failure to provide this evidence will result in termination.
- I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Advocacy Links, LLC. I agree to release and hold harmless Advocacy Links, LLC from all liability with respect to the receipt of such information.
- I understand that Advocacy Links, LLC may, at their discretion, release application information to involved third-parties for purposes of evaluation, including the State of Indiana and other related entities.

Signature	Date
Printed name:	