

**APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS**:** Please print in ink or type this application. This application is a part of the screening process.

**To be considered for employment please:**

1. Fill out the application and answer every question **completely**. Do not use “Refer to Resume” in any section.
2. Sign and date the application.
3. Mail or bring your completed application to ICLS, LLC, 1207 Plum Dr., Klamath Falls, OR 97601
4. Unsigned, incomplete or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.

ICLS, LLC is an Equal Opportunity Employer, and makes reasonable accommodations for qualified individuals with disabilities, unless it would be an undue hardship. If you believe you need a reasonable accommodation in order to participate in the application or interview process, please notify the Owner of the requested accommodation.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | | | | **Middle Initial** | **Home Phone** | | **Cell Phone** |
|  |  | | | |  |  | |  |
| **Street Address** | | | **City** | | | | **State** | Zip Code |
|  | | |  | | | |  |  |
| **Position Applied For:** | | | | **Email Address:** | | | | |
|  | | | |  | | | | |
| **Have you worked in foster care before?** | | | | **Have you ever worked with developmentally disabled people before?** | | | | |
| **Yes No** | | | | **Yes No** | | | | |
| **Are you legally authorized to work in the USA?** | | | | **Which type of work are you looking for?** | | | | |
| **Yes No** | | | | **Full Time Part Time** | | | | |
| **How did you hear about this opening?** | | | | **Have you ever been named an accused person in an abuse investigation?** | | | | |
|  | | | | **Yes No** | | | | |
| **What is your expected start date?** | |  | | | | | | |

**EMPLOYMENT HISTORY**

**NOTE:** Please make sure all required experience is documented below. Begin with your most recent job and ***list all periods of employment for at least the last 7 years.*** Include volunteer experience. If there are any periods of unemployment longer than three months, please explain them. **NOTE:** Attach additional sheets if necessary. This section must be completed entirely. Do not substitute a resume.

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| --- | --- | --- | --- | --- | --- |
| **Name of Current or Last Employer** | | **Address** | | | **Phone** |
|  | |  | | |  |
| **Type of Employment** | | **Dates of Employment** | | | |
| **Full Time Part Time Volunteer** | | **From: To:** | | | |
| **Reason for Leaving:** | **Starting Salary:** | | **Ending Salary:** | **Name/Title of Supervisor:** | **May we call this employer?** |
|  |  | |  |  | **Yes No** |

**EMPLOYMENT HISTORY (continued)**

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| --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | **Address** | | | **Phone** |
|  | |  | | |  |
| **Type of Employment** | | **Dates of Employment** | | | |
| **Full Time Part Time Volunteer** | | **From: To:** | | | |
| **Reason for Leaving:** | **Starting Salary:** | | **Ending Salary:** | **Name/Title of Supervisor:** | **May we call this employer?** |
|  |  | |  |  | **Yes No** |
| **Your Job Title and Job Duties:** | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | **Address** | | | **Phone** |
|  | |  | | |  |
| **Type of Employment** | | **Dates of Employment** | | | |
| **Full Time Part Time Volunteer** | | **From: To:** | | | |
| **Reason for Leaving:** | **Starting Salary:** | | **Ending Salary:** | **Name/Title of Supervisor:** | **May we call this employer?** |
|  |  | |  |  | **Yes No** |
| **Your Job Title and Job Duties:** | | | | | |
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| --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | **Address** | | | **Phone** |
|  | |  | | |  |
| **Type of Employment** | | **Dates of Employment** | | | |
| **Full Time Part Time Volunteer** | | **From: To:** | | | |
| **Reason for Leaving:** | **Starting Salary:** | | **Ending Salary:** | **Name/Title of Supervisor:** | **May we call this employer?** |
|  |  | |  |  | **Yes No** |
| **Your Job Title and Job Duties:** | | | | | |
|  | | | | | |

**Account for any periods of unemployment longer than three (3) months**

**EDUCATION**

***List high schools, colleges and vocational schools attended***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & location of School** | **Major/Field of Study** | **No. of Years  Completed** | **Degree/ Certificate** |

**ADDITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Professional Licenses, Certifications, Memberships and Affiliations:** |  | |
| **Special Skills Not Listed Elsewhere:** |  | |
| **Have you ever been convicted of a crime?**  A ‘yes’ answer does not automatically disqualify you as a candidate for employment. Do not include minor traffic citations. | Yes No | **If yes, please explain:** |
| **Please provide any additional information or training you feel would help us in the selection process:** | | |
|  | | |

**PROFESSIONAL REFERENCES *Attach additional sheets if necessary. AT LEAST 3***

**Candidate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:**

In consideration of my being evaluated and considered for employment, I hereby authorize ICLS, LLC to verify the information provided on this application. I affirm that to the best of my knowledge, the information given on this application and in interviews is true and correct. I realize that any misrepresentation or omission of required facts is cause for rejection of my application(s) or possible termination of my employment at ICLS, LLC.

I understand that an offer of employment may be conditional pending the results of an employment, reference, credit and criminal background check, and may further be conditioned on a post-offer medical examination and/or drug screen as required by policy, contract or by law. I consent to these examinations/screens. I understand that confirmed positive drug test results, refusal to submit to such drug screen, falsification of test results, or alteration of test forms will result in the disqualification of my application or termination of employment. I also understand that an offer of employment may be revoked if the post-offer medical exam shows that I am unable to perform the essential functions of the job with reasonable accommodation, if necessary, and without direct threat to others or myself.

I understand that nothing contained in this employment application or any other Company document creates a contract between the Company and me for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding on the Company. If an employment relationship is established, I understand that employment at ICLS, LLC is at-will, and that I may resign, or my employment and compensation can be terminated with or without cause, and with or without advance notice, at any time, by either myself or the Company.

**I authorize all previous employers, supervisors and references, including all persons with and for whom I have worked, to give ICLS, LLC representatives any and all information regarding me and my previous employment. I release ICLS, LLC from liabilities for and damages that may result from furnishing information to ICLS, LLC. If employed, I release ICLS, LLC from any liabilities for future references it may provide regarding my work at ICLS, LLC.**

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| --- | --- | --- | --- |
| **Name** | **Occupation** | **Phone #** | **# Years Known** |
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**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**Applicant authorization & release**

I authorize ICLS, LLC to contact my past employers and references to make inquiries regarding my job related performance, conduct, behavior, and ability to perform the duties and responsibilities of my past positions. I hereby release employers supplying this information from all liability in providing this information. I understand that my references and prior employers will be contacted if a conditional offer of employment is made to me, unless otherwise allowed by law.

Applicant Printed Name Signature Date

Company/Past Employer Name Contact Person Phone Fax

***↑The top portion of this form must be filled out by the applicant & submitted with the application for 7 years’ past employers↑***

**Past employer verification of employment**

Employee’s Name: Dates of Employment:

Position(s): Eligible for Rehire: □ YES □ NO

Wage/Salary at Separation: $ Per Number of Employees Supervised:

General Responsibilities:

**Reason for leaving:**

□ Retired □ Resigned □ Discharged/Terminated. Please list reason:

□ Other, please list reason:

**Please rate the following: Excellent Satisfactory Marginal Poor**

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| --- | --- | --- | --- | --- |
| Attitude is positive, respectful, cooperative & open-minded. Looks for solutions; Quality & safety matters |  |  |  |  |
| Possesses the knowledge and competencies required to perform the job; Supports the org. mission & goals. |  |  |  |  |
| Identifies problems and opportunities, gathers and organizes facts and makes effective decisions using sound judgment. |  |  |  |  |
| Understands & meets deadlines through effective planning and prioritizing. Reports on time and is prepared for work, gives prompt notice of absences & schedule changes.\* |  |  |  |  |
| Develops and maintains positive working relationships. Understands & uses all forms of communication effectively. |  |  |  |  |
| Adheres to all applicable policies & procedures. |  |  |  |  |

\*Do not evaluate attendance related to serious health conditions, authorized leaves, or other legally protected reasons Any supporting comments

**PRINTED NAME & SIGNATURE OF PERSON COMPLETING THIS FORM TITLE DATE**

Holloway HR Consulting

[www.hhrconsulting.com](http://www.hhrconsulting.com)