

# Four Rivers Resource Services, Inc.

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:			
Last Name	First	Middle	Date
Street Address			Home Phone (       )
City, State, Zip			Business Phone (       )
Position(s) applied for:			Social Security No.
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Which Division/Department? _____			
What date can you start work?			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS	DEGREE OR DIPLOMA
COLLEGE				
HIGH SCHOOL				
ELEMENTARY				
OTHER TRAINING				

Why do you want to work for Four Rivers? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**EMPLOYMENT HISTORY**  
**Begin with present or most recent employer.**

Company:	Telephone:
Address:	Dates of Employment: From:                      To:
Supervisor:	Pay: \$                      Per (hour, day, wk, yr)
Job title and duties:	Reason for leaving:

Company:	Telephone:
Address:	Dates of Employment: From:                      To:
Supervisor:	Pay: \$                      Per (hour, day, wk, yr)
Job title and duties:	Reason for leaving:

Company:	Telephone:
Address:	Dates of Employment: From:                      To:
Supervisor:	Pay: \$                      Per (hour, day, wk, yr)
Job title and duties:	Reason for leaving:

Company:	Telephone:
Address:	Dates of Employment: From:                      To:
Supervisor:	Pay: \$                      Per (hour, day, wk, yr)
Job title and duties:	Reason for leaving:

Please list below any of the above employers you do not want us to contact, and the reason.

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## REFERENCES

Name	Address	Phone	Relationship to Person Listed (personal or professional)
1.			
2.			
3.			

Please list professional or civic organizations you hold membership in, not including any which may disclose race, religion, disability, or national origin:

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Please list any special licenses or certifications you hold:

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Have you ever been convicted of a felony?  Yes  No  
If yes, describe circumstances:

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You have been given a copy of the job description for the position for which you have applied. Can you, with or without a reasonable accommodation, perform all of the essential functions for this position, including, if applicable, obtaining a Public Passenger

Chauffeur's License?

Yes  No

*The information I have provided in this application is true and complete to the best of my knowledge. If I am employed by Four Rivers, I understand that any errors in this information may result in my dismissal. I also authorize Four Rivers to do a criminal background check, and to investigate my record with the Bureau of Motor Vehicles if it is deemed necessary for the position for which I have applied. \*\**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Four Rivers Resource Services, Inc.

### INSTRUCTIONS FOR COMPLETION OF APPLICATION

If you need assistance filling out this application, please let us know so that we can provide you with the help required.

1. Please fill out the application form *completely* – do not leave any areas blank.
2. If an area or question is not applicable, please write “N/A.”
3. Provide current phone numbers and addresses for all references. (Without this information, your application will not be processed.)
4. (For certain positions) we are required by the State Board of Health to have at least three (3) reference checks. Also, if transporting consumers is a job requirement, a driver’s license check will be completed through the Bureau of Motor Vehicles, and you must provide proof of having auto insurance coverage.
5. A police background check is completed on potential/new hires.
6. A resume will not be accepted in lieu of a completed application.

Four Rivers Resource Services, Inc. is a drug-free workplace and participates in a  
or

**In order for you, the applicant, to be aware of and to understand certain legal and regulatory standards that we (Four Rivers Resource Services), as the employer, are required to follow, we ask that you please read and initial each paragraph below. (If there is any part of this page you do not understand, please ask the interviewer about it before signing).**

- \_\_\_\_\_ I hereby authorize Four Rivers to investigate my references, work records, educational background, and other matters related to my suitability for employment. I further authorize my current and former employers to disclose to Four Rivers letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Four Rivers, my current and 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 understand that I have the right to end my employment with Four Rivers at any time and that Four Rivers retains this same right, regardless of any other oral or written documents or statements made by any representative of Four Rivers. I further understand that only the Executive Director has authority to enter into contracts of employment with certain individuals.
  
- \_\_\_\_\_ If hired, I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Four Rivers benefits, policies and procedures will not alter our at-will and problem-resolution procedure agreements.
  
- \_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
  
- \_\_\_\_\_ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Indiana driver's license and understand that I will be required to provide proof of auto insurance coverage. I also understand that any offer of employment is contingent on my ability to be covered by Four Rivers auto insurance, if required for my position. \*\*
  
- \_\_\_\_\_ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Four Rivers may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.
  
- \_\_\_\_\_ If hired, I understand that I may be required to reimburse Four Rivers for the cost of certain required trainings or other expenses the agency incurs on my behalf if I leave employment during my initial 180-day (6 mos.) introductory period.
  
- \_\_\_\_\_ 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 understand that any omission or misstatement on this application or on any documents 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.

\*\* In order to expedite the investigation of my ability to be covered by Four Rivers auto insurance and my driving record with the Bureau of Motor Vehicles, my current driver's license number is: \_\_\_\_\_.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

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

\_\_\_\_\_  
Date

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