



ARNOLD CENTER, INC. APPLICATION FOR EMPLOYMENT

Failure to complete the application in its' entirety may result in not being considered for employment. If you have questions please request assistance.

Date: _____

Name

Last

First

Middle

Maiden

Present Address

Number/Street

City

State

Zip

Home Phone

Cell Phone

Email

Social Security No. X X X - X X - _ _ _ _ _

If under 18, please list age _____

Days/hours available to work

Position applied for (1) _____

and salary desired (2) _____

No Preference

Thursday

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

How many hours can you work weekly? _____

Can you work nights? ____ Yes ____ No

Employment desired ____ FULL-TIME ONLY ____ PART-TIME ONLY ____ FULL- OR PART-TIME ____ TEMPORARY

TYPE OF SCHOOL
(High School, College,
Business or Trade School,
etc.)

NAME OF SCHOOL

LOCATION
(Complete mailing address)

NUMBER OF
YEARS
COMPLETED

MAJOR &
DEGREE
OBTAINED

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? ____ Yes ____ No If yes, Give date: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ No ____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. An affirmative answer to this question will not necessarily preclude employment; however a false answer will preclude employment.

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Residence

Please list all States you have resided in since age 16 (to the nearest year)

State	From	To

Driving Record

Do you have a drivers License? Yes No License Number _____

State of Issue _____ Expiration Date _____

Type: Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes how many? _____

Work History

Please list your work experience (including any military experience) beginning with your most recently held job. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Address	Name of last supervisor	Employment dates	Pay or salary
City, State	Phone number		From To	Start Final
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Work History Continued

Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State			From	Start
Phone number			To	Final
Your last job title				

Reason for leaving (be specific)

List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State			From	Start
Phone number			To	Final
Your last job title				

Reason for leaving (be specific)

List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State			From	Start
Phone number			To	Final
Your last job title				

Reason for leaving (be specific)

List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company.

Work References

Please list three work reference; employment supervisors who have given you authorization to use them as references. If you do not have three work references list only pre-authorized references such as instructors, volunteer coordinators, intern coordinators, project managers, etc. Please do not list family members or friends.

Name	Position
Company	Telephone
Address	
Description of duties	

Name	Position
Company	Telephone
Address	
Description of duties	

Name	Position
Company	Telephone
Address	
Description of duties	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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PLEASE READ CAREFULLY BEFORE SIGNING

If you are hired, this application will become a part of your official employment record.

By signing below, and in exchange for the consideration of my job application by Arnold Center, Inc., I understand and agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other agency practices, shall serve to create an actual or implied contract of employment with Arnold Center, Inc., or to confer any right to remain an employee of Arnold Center, Inc., or otherwise to change in any respect the employment-at-will relationship between the Arnold Center and the undersigned. I further understand that the employment-at-will relationship means that, both the undersigned and Arnold Center, Inc. may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Arnold Center may unilaterally change or revise, its benefits, policies and procedures and that such changes may include reduction in benefits. The nature of this employment-at-will relationship cannot be altered except by a written instrument signed by the President of the Arnold Center.
- The information provided by me in this application is accurate and complete. I understand that, if I am hired, this application will become a part of my official employment record. I understand that any misrepresentation or omission of facts in this application may result in my dismissal at any time without any previous notice.
- The Arnold Center has my permission to contact schools, previous employers (unless otherwise indicated), references, and others in order to verify the accuracy of the information contained in this application. I hereby release the Arnold Center from any liability as a result of such contact.
- Any claim or lawsuit I may have relating to my employment with Arnold Center, Inc. must be filed by me in the appropriate court no more than six (6) months after the date of the employment action that is the subject of any claim or lawsuit I may have. I hereby waive any right I may have to any statute of limitations (period of time in which a lawsuit may be filed) that is greater than six months.

Printed Name _____

Signature of Applicant _____

Date _____

Arnold Center, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Arnold Center depends solely on the results of your participation in the complete selection process.

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