

15) List all former and current employees in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification. If currently employed, may we contact your current employer? Yes No

Company Name: _____ Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: From ___/___/___ to ___/___/___ Supervisor's Name: _____

Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: From ___/___/___ to ___/___/___ Supervisor's Name: _____

Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: From ___/___/___ to ___/___/___ Supervisor's Name: _____

Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Immigration Act

I understand that if hired, I will be required to offer examination documents providing that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frame.

Acknowledgement: _____

Date: ___/___/_____

READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers given in this application for employment are true and complete. I understand that an omission or falsification will disqualify me from consideration for employment; and, if discovered after employment, will be grounds for dismissal. If employed, I understand and agree that my employment is at will and that no employment contract rights will be created. I also understand and agree that my employment may be terminated at anytime without advance notice at the option of DCRA, Inc. I agree to a criminal record background check, a motor vehicle records check, and a drug-screening test. If dismissed because of my criminal record or motor vehicle record check, or results of the drug screening test, I agree that I will not file any complaint or unemployment claim against the agency.

Acknowledgement: _____

Date: ___/___/_____

DOUGLAS COUNTY RESOURCE ALLIANCE

Certificate of Health for Employment

Employee Name _____

Please answer following questions:

Do you use illegal drugs? _____ Please list _____

In the past, have you been disciplined for violating company policies forbidding use of alcohol or tobacco products? _____

Are you able to lift boxes weighing 50 pounds? _____

Are you able to reach items on a shelf that's five feet tall? _____

How many days of work did you miss last year? _____ Reason? _____

Are you able to perform the specific duties of this position? _____

Are you able to perform the essential functions of this job with or without reasonable accommodations? _____

Do you take any medications classified as psychotropics or mood altering that would have an effect on your performing daily care and physical activities such as lifting, bending, household chores, driving, or yard work? _____

Do you have any previous injuries that would have an effect on your performing daily care and physical activities such as lifting, bending, household chores, driving, or yard work? _____

Have you ever experienced any of the following? *Answering yes to any of the below issues will not bar individuals from employment.*

	Y	N	Please Explain
Neurological problems/ Seizures/Epilepsy			
Cardiac disease/Hypertension/Vascular disorder			
Respiratory issues/Asthma/Allergies			
Vision problems/Hearing deficiency			
Diabetes/ Hyperinsulinism/Endocrine			
Gastrointestinal problems/Ulcers			
Mental Disorder			
Substance Abuse			
Neck pain/ Back pain/orthopedic injury of any kind			
Other			

I hereby certify that the answers given above for employment are true and complete. I understand that an omission or falsification will disqualify me from consideration for employment; and, if discovered after employment, will be grounds for dismissal.

Signature _____

Date: ___/___/_____

DOUGLAS COUNTY RESOURCE ALLIANCE

Professional References for Employment

Please provide three (3) PROFESSIONAL references
(a former employer or supervisor who can recommend you for employment)

Your Name: _____

Today's date: _____

Professional Reference #1

Name: _____

How do you know this reference: _____

Reference's address: _____

Reference's phone number: _____

Professional Reference #2

Name: _____

How do you know this reference: _____

Reference's address: _____

Reference's phone number: _____

Professional Reference #3

Name: _____

How do you know this reference: _____

Reference's address: _____

Reference's phone number: _____