DOUGLAS COUNTY RESOURCE ALLIANCE APPLICATION FOR EMPLOYMENT

| ype of School Name and Address of School High School Name Street City State Zip □Yes □ No | 1) Name | | | | Date_ | | | |
|--|--------------------|----------------------|---------------------|---------------------|-------------------------|--------------------|-------------------------|--------------------|
| Home Phone_(_) | 2) Address | | | | | | | |
| Desition for which you are applying | | | | - | | , | • | |
| Date you available to work: Full-time Part-time Temp Days Evenings Nights Weekends All Orderred by: Newspaper ad Recruited Walk-in Other, please list: Order you legally eligible to hold employment to hold employment in the United States? Yes No Order you at least 18 years old? yes no Order you at least 18 years old? yes no Order you ever worked for DCRA? Yes No If yes, please give dates: From/ to |) Home Phone_(_ | _) | Cell () | So | cial Security | | | |
| Are you available to work: |) Position for whi | ich you are applying | <u> </u> | | | | | |
| Referred by: Newspaper ad Recruited Walk-in Other, please list: |) Lowest accepta | able \$ | per | Date yo | u can start://_ | | | |
| Are you legally eligible to hold employment to hold employment in the United States? |) Are you availab | le to work: Full | -time Part-time | ☐ Temp ☐ Day | s 🗌 Evenings 🔲 Nig | ghts | ls 🗌 All | |
| Are you at least 18 years old? yes no O) Have you ever worked for DCRA? Yes No If yes, please give dates: From to | Referred by: | Newspaper ad | Recruited Walk | i-in Other, pleas | se list: | | | |
| Dilyoma/Degree Major/Course of School Name Mame | Are you legally | eligible to hold emp | oloyment to hold em | ployment in the U | nited States? Yes | No No | | |
| Location: Supervisor's Name: | Are you at least | 18 years old? ☐ ye | es 🗌 no | | | | | |
| Dist Hours and days that you are available to work Sunday Monday Tuesday Wednesday Thursday Friday Saturday | 0) Have you ever | worked for DCRA? | ? □Yes □ No If | yes, please give da | tes: From// | to//_ | | |
| Sunday Monday Tuesday Wednesday Thursday Friday Saturday rom (time) O (time) Name and Address of School High School Name Street City State Zip Ollege Name Street City State Zip Ollege Name Street City State Zip Ollege Name Street Name Name Street City State Cit | Location: | | | | Supervisor's N | ame: | | |
| Sunday Monday Tuesday Wednesday Thursday Friday Saturday rom (time) O (time) Name and Address of School High School Name Street City State Zip Ollege Name Street City State Zip Ollege Name Street City State Zip Ollege Name Street Name Name Street City State Cit | | | | | • | | | |
| rom (time) 2) Education ype of School High School Name Street City State Zip Ollege Name Street City State City St | 1) List Hours and | | | Tuesday | Wednesday | Thursday | Friday | Saturday |
| O (time) Diploma/Degree Major/Course of study High School Name | rom (tima) | Sunday | ivioliday | Tuesday | Wednesday | Thursday | Titaly | Saturday |
| 2) Education ype of School | | | | | | | | |
| ype of School Name and Address of School Diploma/Degree Major/Course of study Mame | o (time) | | | | | | | |
| ype of School Name and Address of School Diploma/Degree Major/Course of study Mame | | | | | | | | |
| High School Name Street City State Zip Yes No No Yes No Street City Street City State Zip Yes No No Yes No No Yes No | 2) Education | | Na | me and Address of | School | | Diploma/Degree | Major/Course of |
| Name | | | 1140 | inc and Address of | School | | | |
| Name | High School | Name | | | | | ∐Yes ∐ No | |
| Name | | Street | | City | State | Zip | | |
| echnical Trade rad school or her | ollege | Name | | | | | ☐Yes ☐ No | |
| echnical Trade rad school or her | | Street | | City | State | Zip | | |
| ther | echnical Trade | | | | | | ☐Yes ☐ No | |
| Street City State Zip | ther | | | | | 7:- | | |
| | | Street | | City | State | Ζip | | |
| | | | | | | | | |
| | | | | | | | | |
| | 4) Have you ever | heen convicted of a | attempting or comm | itting any crimes o | ther than a minor traff | ic violation? (Dla | ase check "ves" even if | the offense was 20 |
| 4) Have you ever been convicted of attempting or committing any crimes other than a minor traffic violation? (Please check "yee" even if the offense was 20 | | | | | | | use eneck yes even ii | the offense was 20 |
| 4) Have you ever been convicted of attempting or committing any crimes other than a minor traffic violation? (Please check "yes" even if the offense was 20 | | | | • | • | | | |
| 4) Have you ever been convicted of attempting or committing any crimes other than a minor traffic violation? (Please check "yes" even if the offense was 20 tore years prior or if the offense was dismissed ((dismissals show up on Sheriff's report)) Yes No Yes, when? For what? | yes, when? | | For | what? | | | | |

Note: A conviction record will not necessarily bar individuals from employment. You are not required to record records that have been judicially expunged, sealed or eradicated.

| | t to verification. If currently employ | yed, may we contac | t your current employer | ? ∐Yes ∐No |
|--|---|---|---|---|
| Company Name: | | Position | Title: | |
| Address: | Cit | y: | 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/1 | itle: | |
| Address: | Cit | y: | State: | Zip: |
| Dates Employed: From/ to/ | Supervisor's Name: | | | |
| Starting rate of pay: \$ per | Last rate of pay: \$_ | | per | |
| Responsibilities: | | | | |
| Reason for leaving: | | | | |
| Company Name: | | | | |
| | | | | · |
| Dates Employed: From/ to/ Starting rate of pay: \$ per | | | | |
| Responsibilities: | | | | |
| Reason for leaving: | | | | |
| If time elapsed between positions, please explain: | | | | |
| | | | | |
| | | | | |
| | <u>Immigration A</u> | <u>ct</u> | | |
| lerstand that if hired, I will be required to offer examination a rstand that my continued employment is contingent upon my p | documents providing that I am a United . | States citizen or an al | | work in the United States. I |
| | documents providing that I am a United of providing the necessary documentation v | States citizen or an al | | |
| erstand that my continued employment is contingent upon my p | documents providing that I am a United of providing the necessary documentation v | States citizen or an al within the prescribed i | ime frame. | |
| erstand that my continued employment is contingent upon my p | documents providing that I am a United a providing the necessary documentation was read to be grounded as a complete. It be grounds for dismissal. If employed, we that my employment may be terminate thicle records check, and a drug-screenice of the provided of the control of | States citizen or an all within the prescribed within the prescribed within the prescribed within the standard and agreed at anytime withouting test. If dismissed by | mission or falsification will te that my employment is at advance notice at the option ecause of my criminal reco | disqualify me from consider will and that no employment n of DCRA, Inc. |

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 co | ompany policies f | 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 po | sition? | |
| Are you able to perform the essential functions of thi | s job with or with | nout reasonable accommodations? |
| Do you take any medications classified as psychotropactivities such as lifting, bending, household chores, | | ring that would have an effect on your performing daily care and physical work? |
| Do you have any previous injuries that would have an household chores, driving, or yard work? | | performing daily care and physical activities such as lifting, bending, |
| Have you ever experienced any of the | following? | Answering yes to any of the below issues will not bar individuals from employment. |
| · · · | YN | 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; and, if discovered after employment, will be grounds for | | mplete. I understand that an omission or falsification will disqualify me from consideration for |
| Signature | | Date:/ |

DOUGLAS COUNTY RESOURCE ALLIANCE

Professional References for Employment

Please provide three (3) <u>PROFESSIONAL</u> 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: | |