

## ATTENTION APPLICANT:

Albany ARC's Hiring Committee shall continually review all applications remitted. However, interviews will take place only certain times of each month.

If you meet any of the qualifications of a vacancy, you will be contacted by phone, and an appointment will be made for an interview. Otherwise, your application will be held for a period not to exceed forty-five (45) days.

Please do not call the office on a daily basis checking on your application. If you do not hear from us within fourteen (14) days, this will most likely signify that the position has been filled by another applicant, who best meets the qualifications of the position open at the time.

If your application has not been selected for a particular position and it has been more than 45 days since you last applied, feel free to remit another application.

Thank you,

AARC Hiring Committee

# Application for Employment

**Albany ARC**

P. O. Box 71026 Albany, Ga. 31708

**Employment Application**

***Please Print***

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address:	Number	Street	City	State	Zip Code
Telephone Number(s)		Date of Birth	Place of Birth	Social Security Number	
Who To Contact in case of Emergency			Phone No.		

**PLEASE CIRCLE THE CORRECT CHOICE**

Are you at least 21 years of age? YES NO

Do you have a driver's license and car? YES NO

Have you ever filed an application with this agency before? YES NO  
If yes, give date: \_\_\_\_\_

Are you currently employed? YES NO

May we contact your current employer? YES NO

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? YES NO  
*Proof of citizenship or immigration status will be required upon employment.*

On what day would you be available for work? \_\_\_\_\_

Are you available to work:  Fulltime  Part Time  Shift Work  Temporary  Contract

Are you currently on "lay off" status and subject to recall? YES NO

Can you travel local and/or abroad, if a job here requires it? YES NO

Have you been convicted of a felon or misdemeanor within the last 7 years? *Conviction will not necessarily disqualify an applicant from employment.* YES NO

If yes, please explain: \_\_\_\_\_

## Employment Experience

Starting with you present or last job, please document your employment history over the last five (5) year period. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>Employer</b>	<b>Dates Employed</b> From:                      To:	<b>Work Performed (Must be completed.)</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate or Salary</b> Starting: Final:	
<b>Job Title</b>	<b>Supervisor</b>	
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Dates Employed</b> From:                      To:	<b>Work Performed (Must be completed.)</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate or Salary</b> Starting: Final:	
<b>Job Title</b>	<b>Supervisor</b>	
<b>Reason for Leaving</b>		
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<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate or Salary</b> Starting: Final:	
<b>Job Title</b>	<b>Supervisor</b>	
<b>Reason for Leaving</b>		

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held.  <i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR	COMMENTS
SPEAK				
READ				
WRITE				

Describe any specialized training, apprenticeship skills and extra-curricular activities.

Describe any job-related training received within the last 12 months

**Additional Information**

**Other Qualifications: Summarize** special job-related skills and qualifications acquired from employment or other experience.

**Special Skills (Check Skills/Equipment Operated)**

<input type="checkbox"/> Sign Language	<input type="checkbox"/> LPN License# _____	Machinery (aids) used in assisting the disabled.
<input type="checkbox"/> CPR	<input type="checkbox"/> C.N.A. License# _____	_____
<input type="checkbox"/> First Aid	<input type="checkbox"/> Typewriter	_____
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Other (i.e. license, etc.)(Provide Details): _____		

State any additional information you feel may be helpful to us in considering your application.

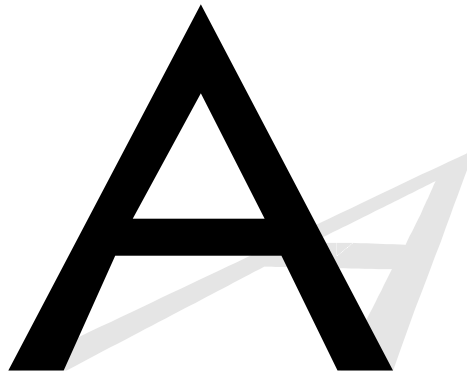
Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**PROFESSIONAL REFERENCES ONLY**

1.	_____	_____	_____
	(Company / Representative)		(Phone#)
	_____	_____	_____
	(Address)	(City, State)	(Zip)
2.	_____	_____	_____
	(Company / Representative)		(Phone#)
	_____	_____	_____
	(Address)	(City, State)	(Zip)
3.	_____	_____	_____
	(Company / Representative)		(Phone#)
	_____	_____	_____
	(Address)	(City, State)	(Zip)



## **ALBANY ARC SUBSTANCE ABUSE AND TESTING POLICY**

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The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the employees and those around them. This company is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security.

To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees. Our policy formally and clearly states that the illegal use of drugs or the abuse of alcohol or prescription drugs will not be tolerated. As means of maintaining our policy, we have implemented pre-employment and active employee drug testing. This policy was designed with two basic objectives in mind: (1) employees deserve a work environment that is free from the effects of drugs and the problems associated with their use and (2) this Company has a responsibility to maintain a healthy and safe workplace.

To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including, but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which can be accessed, in a conspicuous area at each agency site (i.e. main office Break Room, LLC reception area, Preschool & Adult Day reception areas) and in the CQI Coordinator's office. In addition, we will distribute this information to employees during periodic Drug-Free Workplace Program Training Sessions.

An employee whose conduct violates this Company's Substance Abuse Policy will be disciplined up to and including termination.

I believe it is important that we work together to make this Company a drug-free workplace and a safe, rewarding place to work.

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I hereby consent to submit to urinalysis and/or other tests as shall be determined by Albany ARC in the selection process of applicants for employment and annually thereafter, if appropriated by the agency, for determining the drug content thereof.

I agree that Safety Max may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to Albany ARC.

I understand that it is the current use of illegal drugs that prohibits me from being employed at ARC.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens testing and application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

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**I have carefully read the foregoing and fully understand its content. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.**

*Directions: Applicant, please print & sign your name on the respective lines.*

**Applicant:** \_\_\_\_\_  
(Print Full Legal Name)

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

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

**This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false and/or misleading information given in my application or interview(s) may result in immediate discharge. I understand that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTES:** \_\_\_\_\_

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