

THE SHARING COMMUNITY, INC.

Employment Application



www.thesharingcommunity.org

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Position Applied for							
Date Available			Desired Salary or Hourly Rate				
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, can you show proof of age if hired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever submitted an employment application to the Sharing Community?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Emergency Contact Information	Name:			Phone:			
Emergency Contact Information 2	Name:			Phone:			
Responses to the following questions will be kept confidential and will not disqualify you from employment							
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what type?	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony		
If yes, explain:							
Do you have any pending criminal proceedings for a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, please provide details:							

FOR EEO REPORTING

Responses to the following questions are voluntary self-identification

Sex (Check One) Male Female

Race (Check One) White (Not of Hispanic origin) Black or African American/African Descent (Not of Hispanic origin)

Hispanic or Latino

Asian

American Indian / Alaska Native

Native Hawaiian or Pacific Islander

Two or more Races (Not of Hispanic origin)

EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have a GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

MILITARY SERVICE

Branch and MOS			From	To	
Rank at Discharge		Type of Discharge	<input type="checkbox"/> Honorable	<input type="checkbox"/> Medical	<input type="checkbox"/> Dishonorable
If other than honorable, explain					

REFERAL SOURCE

<input type="checkbox"/> Walk-In/Unsolicited	<input type="checkbox"/> Sharing Community Employee
<input type="checkbox"/> Employment Agency	Please provide employee's name:
<input type="checkbox"/> Advertisement	
<input type="checkbox"/> College Recruitment	

REFERENCES

Please provide at least two professional and one personal reference

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

EMPLOYMENT EXPERIENCE*List your most recent employer first*

Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities/Work Performed			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities/Work Performed			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities/Work Performed			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ATTACH RESUME TO THIS APPLICATION

OTHER QUALIFICATIONS

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

Why do you want to work for The Sharing Community and the people it serves? What do you hope to accomplish in doing so? Please answer in 100 words or less.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring procedure, background checks and investigations may be performed. We may obtain consumer reports and prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit The Sharing Community, Inc. to obtain a consumer report and/or an investigative consumer report, which may include the following:

- 1) My employment records;
- 2) Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- 3) (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
- 4) Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Print Full Name (First, Middle, Last):

Signature

Date