

APPLICATION FOR EMPLOYMENT

Arc BRIDGES, Inc.
2650 West 35th Avenue, Gary, Indiana 46408 (219) 884-1138

Personal Information

Date: _____

NAME: _____ SOC. SEC# _____
LAST FIRST MI

Is there any additional information needed relative to change of name (married or divorced), use of an assumed name or nickname to check on your work or school records? If yes, please explain. Yes No

PRESENT ADDRESS: _____
(NUMBER, STREET, APT) (CITY) (STATE) (ZIP)

How many years have you lived at this address? _____ Phone # _____

PREVIOUS ADDRESS: _____ HOW LONG? _____
(NUMBER, STREET, APT) (CITY) (STATE) (ZIP)

POSITION DESIRED: _____ RATE OF PAY EXPECTED \$ _____ PER _____

HOW DID YOU LEARN OF THIS OPENING? _____

HAVE YOU WORKED FOR US PREVIOUSLY? YES NO IF YES, WHEN?

TITLE: _____

LIST ANY FRIENDS WORKING FOR US: _____

DO YOU HAVE ANY RELATIVES EMPLOYED AT BRIDGES? YES NO

IF YES, PLEASE GIVE NAME/RELATIONSHIP

NAME: _____ RELATIONSHIP: _____

DO YOU HAVE ANY RELATIVES RECEIVING SERVICES THROUGH BRIDGES? YES NO

IF YES, PLEASE GIVE NAME/RELATIONSHIP

NAME: _____ RELATIONSHIP: _____

DO YOU WANT TO WORK: FULL TIME? PART-TIME?

IF PART TIME, PLEASE SPECIFY DAYS AND HOURS: _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?

YES NO

ARE YOU ABLE TO LIFT AT LEAST 40 POUNDS WITHOUT ASSISTANCE? YES NO

IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES? YES NO IF YES, GIVE DETAILS:

WHAT TYPES OF HOBBIES DO YOU ENJOY? _____

DO YOU HAVE A VALID, INSURABLE INDIANA DRIVERS LICENSE? YES NO

PRIOR WORK HISTORY (List in order, last or present employer first)

| Dates | Name & Address of Employer | Pay Rate | Supervisor | Reason for Leaving |
|------------------------|---------------------------------------|-----------------|-------------------|---------------------------|
| From | Name: Address: | Start | Name | |
| To | City: State: Phone: Zip: | End | Title | |
| What were your duties? | | | Your Job Title: | |

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|------------------------|---------------------------------------|-----------------|-------------------|---------------------------|
| From | Name: Address: | Start | Name | |
| To | City: State: Phone: Zip: | End | Title | |
| What were your duties? | | | Your Job Title: | |

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| To | City: State: Phone: Zip: | End | Title | |
| What were your duties? | | | Your Job Title: | |

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? If not, indicate which one(s) you do not wish us to contact:

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this agency will be based only on your merit and no other consideration.

READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I fully understand that the employment relationship between the Corporation and its employees is "at will". "At will" provides that the employer or the employee can terminate the employment for any reason or no reason.

I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential, health care, or related employment. I declare that I have not been convicted of a crime against a dependent person or any violent crime.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. Should I be accepted for a position with the BRIDGES, I am fully cognizant that my employment is contingent upon the results of my employment medical examination and/or any required drug tests or driving record, if applicable.

Signature of Applicant: _____ Date: _____

EDUCATIONAL BACKGROUND

| Type of School | Name/Address | Dates Attended | Grad? | Course or Major |
|-----------------------|---------------------|-----------------------|--------------|------------------------|
| Grammar or Grade | | From To | Yes No | |
| High School | | From To | Yes No | |
| College | | From To | Yes No | |
| Post Graduate | | From To | Yes No | |
| Business or Trade | | From To | Yes No | |
| Other | | From To | Yes No | |

OTHER:

Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in our agency, use the space below for any additional information necessary to describe your qualifications.

PERSONAL REFERENCES: (Do not use former employers or relatives)

| | | |
|----------|-------------|------------|
| Name: | Occupation: | Phone: |
| Address: | City: | State/Zip: |
| Name: | Occupation: | Phone: |
| Address: | City: | State/Zip: |
| Name: | Occupation: | Phone: |
| Address: | City: | State/Zip: |

Arc BRIDGES, Inc.

Hours of Availability Form

Arc BRIDGES employs staff sheltered workshops and thirty-four group homes. Schedules for those various positions include shifts 24 hours a day. Some positions require staying overnight in a group home on the weekends as described below. Some positions require working holidays. To assist in matching your availability to our needs, please complete the form below.

If I am hired I am available to work the following hours:

Check One

| | | | | | | | | | |
|-----------|----------|-----|----|----|----|------|-------|----|-------|
| Sunday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Monday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Tuesday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Wednesday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Thursday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Friday | 24 hours | yes | or | no | or | from | _____ | to | _____ |
| Saturday | 24 hours | yes | or | no | or | from | _____ | to | _____ |

Most positions in BRIDGES group homes require holiday work. Are you available to work on holidays?
Yes No

Most positions in BRIDGES group homes requires working alternate weekends from the hours of Saturday at 8:00 a.m. to Sunday at 10:00 p.m. Are you available to work these hours?
Yes No

I expect the availability to change in the near future. Yes No

If the answer is yes to the above question, indicate when this will happen.

Signature

Printed Name

Date