

# J. Arthur Trudeau Memorial Center

## EMPLOYMENT APPLICATION

J. Arthur Trudeau Memorial Center is an equal opportunity employer and does not discriminate on the basis of age, sex, race, color, national origin, sexual orientation, religion or disability. All applicants may request any needed accommodations or assistance in order to complete this application and participate in the application process. The application process will be communicated orally for applicants who are visually impaired. Applicants must have a high school diploma or Graduate Equivalency Diploma in order to be eligible to apply for positions. Applicants must have a valid driver's license, auto liability insurance, a safe driving record, and access to a dependable vehicle that can be used to complete job assignments (i.e. to transporting).

**All information must be fully completed even if résumé is attached or received.**

**Referral source**  Employee (Name) \_\_\_\_\_  Advertisement  Walk-in  Other \_\_\_\_\_

Indicate programs of interest:  Administration  Adult Day Programs  Community Support Services  Crayons Child Care

Employment Support  Early Intervention  Home-Based Therapy Services  Maintenance/Transportation  Pathways

Recreation  Residential Services  Other

<b>PERSONAL    Email Address (required):</b>
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NAME LAST	FIRST	MIDDLE
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ADDRESS STREET	CITY	STATE	ZIP
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PHONE #s HOME	CELL	Last 4 digits of Soc Sec #:
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<b>JOB DATA</b>
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Position(s) applied for: 1.	2.	Salary desired:
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Seeking:  Full time  Part time  Temporary | Shift desired (check all that apply):  1st shift  2nd shift  3rd shift

Available for weekends?  Yes  No | Date available to work: \_\_\_/\_\_\_/\_\_\_

Are you at least 18 years of age?  Yes  No | If hired, can you provide proof that you are eligible to work in the United States?  Yes  No

Are you presently employed?  Yes  No | May we contact your present employer?  Yes  No

Do you have any relatives/family members employed here?  Yes  No | If yes, provide names and relationship: \_\_\_\_\_

Were you previously employed by J. Arthur Trudeau Memorial Center?  Yes/dates \_\_\_\_\_  No

<b>EDUCATION AND TRAINING (minimum high school diploma <u>or</u> GED required except for Recreation student roles)</b>
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NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DIPLOMA/DEGREE/GED RECEIVED?	COURSE OF STUDY
High School	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	Dates attended: to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, Technical, etc.	Dates attended: to	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other schools or special training, including other skills related to the position(s) you are applying for:

If you hold a professional license, certificate, or registration that is related or required for the position you are applying for, please identify it below. For most positions, CPR is required and **must** be taken upon hire.

Type: 1.	Number:	State:	Issue date:	Expiration date:
2.				

Indicate any honors or activities associated with education background:

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**EMPLOYMENT/PROFESSIONAL EXPERIENCE** \*All information must be fully completed even if résumé is attached or received  
 (Please begin with PRESENT or MOST RECENT employer and list your last three jobs -- IMPORTANT TO INCLUDE REFERENCE PHONE #s)

Employer & Address:	Type of business: Job Title & Work Performed:
Employment Date: From                      To Reason for Leaving:	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference:
Starting Pay:                                      Final Pay:	
Employer & Address:	Type of business: Job Title & Work Performed:
Employment Date: From                      To Reason for Leaving:	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference:
Starting Pay:                                      Final Pay:	
Employer & Address:	Type of business: Job Title & Work Performed:
Employment Date: From                      To Reason for Leaving:	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference:
Starting Pay:                                      Final Pay:	

**SECURITY DATA**

Have you been convicted of a criminal offense excluding misdemeanors?    Yes    No

If yes, briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense. Understand that a background criminal investigation will be performed as part of the selection process and annually, thereafter.

**DISCLOSURES**

I authorize investigation of all statements as part of this application and its process. I acknowledge that the information I have supplied is correct to the best of my knowledge, and I understand that any deliberate falsification, misrepresentations, or omissions of facts is a cause for denial of employment or dismissal without notice, if and when discovered. I am also aware that the J. Arthur Trudeau Memorial Center is a smoke-free organization and agree to abide by its smoke-free policies.

I understand that employment, if offered, is for no definite period and is at will. I understand that any offer of employment and my continued employment with the J. Arthur Trudeau Memorial Center is contingent upon proof of my authorization to work in the United States and my continued employment is conditional upon satisfactory completion of, and immediate and annual review of, any criminal and driving records and satisfactory proof of physical, where job appropriate. I agree to comply with all Agency rules, policies and regulations. I am required to provide evidence of automobile insurability (driver's license and automobile insurance), and, through my signature below, allow the Agency to research my present driving record immediately and annually to ensure that this record meets the established standards of the organization. I further understand that I may be required to have access to a motor vehicle for the purposes of completing my job assignments -- this may include transporting individuals supported in this motor vehicle.

**If you have any questions regarding any statement on this application, please ask before signing.**

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_