

# Employment Application

2716 Plaza Ave. Hays, KS 67601

785-625-4202 • help4abuse.org



Options is an equal opportunity employer, thus we do not discriminate against any employee or applicant because of race, color, religion, sex, age, national origin, ancestry, disability, or other legally protected reason. It is the policy of Options to select the most qualified applicant who can perform the essential function(s) of the position with or without reasonable accommodation.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

### Important Questions

Do you consent to a background check? YES  NO  Do you consent to completing the required training? YES  NO   
Do you have reliable transportation? YES  NO  Do you have a valid driver's license? YES  NO   
How did you hear about Options? \_\_\_\_\_

### Emergency Contacts

Contact #1: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*First and Last Name*  
Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*  
Phone: \_\_\_\_\_ Mobile  Home  Email: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*First and Last Name*  
Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*  
Phone: \_\_\_\_\_ Mobile  Home  Email: \_\_\_\_\_

In the event of an accident or medical emergency, we will contact emergency services (911) if necessary. Please list any medical conditions (i.e., asthma, allergies) or special requirements we need to know about below:  
\_\_\_\_\_

*By signing this form, you authorize Options to contact the above individuals in case of an emergency.*

### Disclaimer and Signature

*I further understand that I am responsible for being familiar with the company's policies, rules, and regulations. I, also, understand that the company has complete discretion to modify its policies, rules, and regulations at any time, to the extent permitted by federal, state, or local law, except it will not modify its policy of employment at will. By my continued employment with the company, I consent to such changes.*

*I certify that my answers I have provided on all pages of this document are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal of employment.*

*I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law and I agree to complete any requisite authorization forms.\* I release all parties from any liability arising out of this provision and the use of such information.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Federal law requires a separate release form when obtaining Consumer Credit reports.*