

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.*