



Spectrum Community Services, Inc.
"Helping People Reach Their Potential"

APPLICATION FORM

(COMPLETE INFORMATION REQUESTED ON ALL PAGES ATTACHED)

Date: _____ Position(s) applying for: _____

Referred by: _____
(If newspaper, please specify which paper)

Were you ever employed by Spectrum? Yes ___ No ___ If yes, when? _____

Personal Data:

Name: _____ Social Security Number: _____

Address: _____ Telephone Number: () _____

(City) (State) (Zip Code)

Emergency Contact: _____ Relationship: _____

Telephone Number: () _____

Do you have the legal right to work and remain in the United States? Yes _____ No _____

Are you able to perform the duties of the position you have applied for in a reasonable and safe manner? Yes _____ No _____. If no, please explain: _____

Did you serve in any military branch? Yes _____ No _____ If yes, in what capacity?

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:

(Please note: Conviction will not necessarily disqualify applicant.)

Do you have a valid driver's license: Yes: _____ No _____
If yes, issued by what state: _____ Expiration date: _____

List your hobbies and other interests: _____

Education and Training:(List name of school, location, dates attended, and major courses taken only for highest degree attained.)

High School: _____

College: _____

Organization and Volunteer Work: List any organization you are a member of and volunteer work you have done which is relevant to the job for which you are applying, List capacity you serve(d) in the organization and in the volunteer experience:

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT POSITION)

(1)

Employer's Name: _____

May we contact?: Yes _____ No _____

Dates employed: from _____ to _____ Position: _____

Address/Street Number: _____

City/State/Zip Code: _____

Telephone Number: () _____ Supervisor's name: _____

Fax Number: () _____

Annual salary: _____ or Hourly rate: _____

Starting salary: _____ Final salary: _____

Reason for leaving: _____

(2)

Employer's name: _____

May we contact?: Yes _____ No _____

Dates employed: from _____ to _____ Position: _____

Address/Street number: _____

City/State/Zip Code: _____

Telephone number: () _____ Supervisor's name: _____

Fax number: () _____

Annual salary: _____ or Hourly rate: _____

Starting salary: _____ Final salary: _____

Reason for leaving: _____

(3)

Employer's name: _____

May we contact?: Yes _____ No _____

Dates employed: from _____ to _____ Position: _____

Address/Street number: _____

City/State/Zip Code: _____

Telephone number: () _____ Supervisor's name: _____

Fax number: () _____

Annual salary: _____ or Hourly rate: _____

Starting salary: _____ Final salary: _____

Reason for leaving: _____

(4)

Employer's name: _____

May we contact?: Yes _____ No _____

Dates employed: from _____ to _____ Position: _____

Address/Street number: _____

City/State/Zip Code: _____

Telephone number: () _____ Supervisor's name: _____

Fax number: () _____

Annual salary: _____ or Hourly rate: _____

Starting salary: _____ Final salary: _____

Reason for leaving: _____

(5)

Employer's name: _____

May we contact?: Yes _____ No _____

Dates employed: from _____ to _____ Position: _____

Address/Street number: _____

City/State/Zip Code: _____

Telephone number: () _____ Supervisor's name: _____

Fax number: () _____

Annual salary: _____ or Hourly rate: _____

Starting salary: _____ Final salary: _____

Reason for leaving: _____

1. Indicate the number of days absent from work during your last 12 months of employment _____
2. Indicate the number of days late for work during your last 12 months of employment _____
3. State whether you have ever been terminated or suspended from any previous employment and describe the circumstances. _____

AVAILABILITY QUESTIONNAIRE

Several positions require that you be available to work alternating shifts and/or weekend assignments. In order that we give your application appropriate consideration, please complete the following questions:

I am available and willing to work the following hours on days indicated.

- | | | | |
|--------------|---------------------|-------------|---------------------|
| 1. Monday | from _____ to _____ | 5. Friday | from _____ to _____ |
| 2. Tuesday | from _____ to _____ | 6. Saturday | from _____ to _____ |
| 3. Wednesday | from _____ to _____ | 7. Sunday | from _____ to _____ |
| 4. Thursday | from _____ to _____ | 8. Holidays | from _____ to _____ |
9. Do you have any restrictions or conflicts or additional considerations with the hours you have indicated that you are available? Yes _____ No _____ If yes, please explain: _____

STATEMENT:

Completion of this form indicates your interest in becoming an employee of Spectrum Community Services, Inc. and we promise to give your application careful consideration.

Spectrum Community Services, Inc. is an equal opportunity employer in full accordance with the Federal and State regulations. The criteria to be used in judging candidates for staff positions are those capabilities needed to successfully fulfill the responsibilities of the position. Within these parameters there will be no discrimination in candidate selection.

Spectrum Community Services, Inc. will investigate the information contained herein and will disqualify applicants who falsify information contained herein. If employment has commenced, this information will be grounds for immediate termination.

Information provided in the application and all subsequent personnel forms are maintained in the strictest confidence.

I have read and understand the above:

(signature of applicant)

EMPLOYEE REFERENCE FORM

THE UNDERSIGNED, has made application for employment with Spectrum Community Services, Inc.

THE UNDERSIGNED, in the course of such application for employment, hereby executes this Authorization for Spectrum Community Services, Inc. to request information concerning the applicant from all previous employers of the applicant and the applicant, by execution hereof, does hereby specifically authorize the release of such information as requested by Spectrum Community Services, Inc. from the previous employers of the undersigned as Spectrum Community Services, Inc. in its discretion, may require in reviewing and considering the applicant of the undersigned for employment.

By execution of this Authorization, the undersigned specifically relieves the employer as well as its agents, officers, employees, its successors from any claim, demand, liability, suit, judgment or action of any kind by release of information pursuant to this Authorization.

I was employed from _____ to _____ at _____, Inc.

My position was _____ and my last salary was _____

My Social Security Number is: _____

Applicant Name (Print)

Applicant Signature

(This section to be completed by person providing reference)

EMPLOYMENT EVALUATION

ATTENDANCE _____
PUNCTUALITY _____
CHARACTER _____
COMPATIBILITY _____
JOB KNOWLEDGE _____
COMPETENT TO PERFORM DUTIES _____
QUALITY OF WORK _____
HONESTY _____
PERSONAL APPEARANCE _____

LEGEND
1=EXCELLENT
2=GOOD
3=SATISFACTORY
4=FAIR
5=POOR

ELIGIBLE FOR RE-HIRE YES _____ NO _____

REASON FOR LEAVING _____

Completed by: _____

Title: _____

Date: _____

Please return this form in the stamped, self addressed envelope.

Revised 4/04