

# LiNk

## EMPLOYMENT APPLICATION

Today's Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Present Street Address (Do not list P.O. Box) City State County Zip Code Telephone No.

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Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_ relationship \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

Position Applying For \_\_\_\_\_

Full Time  Part Time  Temporary  Seasonal

Shifts available to work: AM \_\_\_\_\_ PM \_\_\_\_\_

Work availability \_\_\_\_\_

(list the dates and times available for work)

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Are you legally authorized to work in the United States? *Proof of legal authority to work in the United States will be required upon employment* Yes  No

Expected Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Available Start Date \_\_\_\_\_ Are you at least 18 years of age? Yes  No

## PERSONAL INFORMATION

Referred By: (Please check applicable box and specify if other source)

- Agency
- School, please specify \_\_\_\_\_
- Internet Site, please specify \_\_\_\_\_
- Newspaper, please specify \_\_\_\_\_
- Current or previous Employee \_\_\_\_\_
- Other, please specify \_\_\_\_\_

## EMPLOYMENT HISTORY

**Do not use "see resume" in lieu of completing application form. Please complete all sections thoroughly. Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below. Employed Earnings Other Compensation From To Beginning Ending**

1 Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Your responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title of Supervisor \_\_\_\_\_ May we contact this employer?  
Yes  No  Telephone No. \_\_\_\_\_

Employed Earnings \_\_\_\_\_ Other compensation \_\_\_\_\_

From To Beginning Ending \_\_\_\_\_

**2** Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Your responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title of Supervisor \_\_\_\_\_ May we contact this employer?

Yes  No  Telephone No. \_\_\_\_\_

Employed Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_

From To Beginning Ending \_\_\_\_\_

**3** Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Your responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title of Supervisor \_\_\_\_\_ May we contact this employer?

Yes  No  Telephone No. \_\_\_\_\_

Employed Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_

From To Beginning Ending \_\_\_\_\_

***Please explain periods of non-employment***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name and Address of School	Number of Years Completed	Major or Type of Coursework Degree/Certificate	Did You Graduate?

### EDUCATION

Other (Seminars, Adult Education, Correspondence Courses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently possess a valid First aid/CPR Certificate: Yes ( ) No ( )

Do you possess any certificate related to position you are applying for: Yes ( ) No ( )

Type of certificate you have: \_\_\_\_\_

Have you ever been convicted of a crime Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you are applying for a position where driving is a requirement of the job, please answer the following questions:

Do you have the full use of an automobile? Yes  No

Do you have a valid driver's license? Yes  No  License # \_\_\_\_\_

Issuing State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Within the past three years:

How many moving violations have you had? \_\_\_\_\_

How many traffic accidents have you had? \_\_\_\_\_

Why are you seeking employment at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what computer software programs are you proficient?

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What other experiences or skills do you feel may qualify you for a position?

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Have you previously been employed by DTW/LiNk? Yes  No

Position(s) held \_\_\_\_\_

Under what name? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

All persons shall have equal employment opportunities with DTW Counseling, Inc (LiNk DP/TDS) regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of federal law regarding age discrimination, employment of the handicapped and Vietnam era veterans. Employment shall be based solely on the Company's need and the individual's qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which DTW may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to DTW. I hereby release DTW, my former employer or other persons who may provide information from any liability as a result of providing such information. I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by DTW may be immediately withdrawn or if I am already employed by DTW, I may be subject to immediate dismissal at DTW's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by DTW, other than for wages at the rate agreed upon for work I have actually performed for DTW. If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

In accordance with the Immigration and Control Act of 1986 DTW will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment. I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may DTW ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at **at-will**, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time.

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

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

Equal Opportunity Employer

DTW Counseling Inc.