

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. All applicants are considered for employment based upon their qualifications, without regard to race, color, religion, sex, national origin, age, disability, citizenship, veteran status or any other category protected by state federal or local law.

Date of Application:_____

INTRODUCTORY INFORMATION						
NAME Last Name		First Name		Middle Initial		SOCIAL SECURITY NO.
PRESENT ADDRESS	Number	Street	City	State	Zip	TELEPHONE () -
PERMANENT ADDRESS	Number	Street	City	State	Zip	TELEPHONE () -
Are you a U.S. citizen or an alien authorized to work in the U.S.?		_ Yes _ No		If you are less than	19 years old,	state your age:
Driver's License # & State						

EMPLOYMENT DESIRED						
Position Desired	Date You Can Start Work	Salary Desired				
Are you available for full-time work?Yes _ No Are you willing to relocate?Yes _ No Are you willing to work on on-call basis?Yes _ No Are you willing to work on on-call basis?Yes _ No						
Can you work each day of the week?Yes _ No If no, what days are you available?						
Are you currently on lay-off or inactive status with any employer or other organization and subject to being recalled to work or given a work assignment by that employer or organization? Yes _ No If yes, state the approximate date you anticipate being recalled to work or given a work assignment:						
Do you know anyone who works here?YesNo How were you referred to Bridges?						
If yes, who?						

EDUCATION AND TRAINING						
Name and Location of School Attended		Highest Grade Attended	Did You Graduate	Degree(s) Received	Areas of Study	Job-Related Courses/Skills Acquired
ELEMENTARY AND HIGH SCHOOL						
COLLEGE AND GRADUATE SCHOOL						
TRADE OR TECHNICAL SCHOOL						

Have you ever served in the United States Armed Forces? Yes _ No If yes, state the branch in which you served and list any job-related skills you acquired or duties you performed:

MISCELLANEOUS INFORMATION					
SPECIAL SKILLS	Please detail any skills or training you have that would benefit this position (Continuing Education, work experiences, etc.):				
CRIMINAL RECORD	Have you ever been convicted of a crime, other than a minor traffic offense? ~ Yes ~ No If yes, explain: A RECORD OF A CRIMINAL CONVICTION DOES NOT NECESSARILY SERVE AS A BAR TO EMPLOYMENT				

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN
	ADDRESS	NAME	
		ADDRESS	
	PHONE	PHONE	
	ADDRESS	NAME	
	PHONE	ADDRESS	
		PHONE	
	ADDRESS	NAME	
	PHONE	ADDRESS	
	FINUNE	PHONE	

EMPLOYMENT HISTORY						
PRESENT OR LAST EMPLOYER						
Name Address City, State, Zip Phone	Nature of Business	Date Hired	Date Left			
Starting Position	Final Position	Starting Pay	Final Pay			
Description of Work and Responsibilities	Name and Title of Immediate Supervisor Reason for Leaving					
If you are still employed, may we contact this employed. If no, explain:	er at this time?YesNo					
Name Address City, State, Zip Phone	Nature of Business	Date Hired	Date Left			
Starting Position	Final Position	Starting Pay	Final Pay			
Description of Work and Responsibilities Name and Title of Immediate Supervisor Reason for Leaving						
Name Address City, State, Zip Phone	Nature of Business	Date Hired	Date Left			
Starting Position	Final Position	Starting Pay	Final Pay			
Description of Work and Responsibilities Name and Title of Immediate Supervisor Reason for Leaving						
Name Address City, State, Zip Phone	Nature of Business	Date Hired	Date Left			
Starting Position	Final Position	Starting Pay	Final Pay			
Description of Work and Responsibilities Name and Title of Immediate Supervisor Reason for Leaving						
PLEASE CONTINUE LISTI	ING OTHER EMPLOYMENT ON SEPARATE	PAGE				
Have you ever been employed under a different name. If yes, state the name and by whom you were employed.						
Are you currently subject to an agreement with any enemployer or solicit clients or customers of that employer		ork for a compet	itor of that			
Have you ever been discharged or asked to resign by a If yes, explain:	an employer?YesNo					
Except for vacations, holidays, and periods during wh	ich you were disabled or seeking treatment for	a disability, how	v many days			

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

I certify that all of the information I have supplied on this application is true, accurate and complete to the best of my knowledge, and that I have not knowingly withheld any information which, if known to the BRIDGES, would affect my application unfavorably. I understand that any false, misleading and/or incomplete statements on this application, and/or in any interview, constitutes grounds for, and will cause, the BRIDGES not to employ me, or if I am employed, to terminate my employment.

I authorize an investigation to be conducted concerning all of the information I have supplied on this application, and all other information which the BRIDGES deems to be relevant to my qualifications for employment. I further authorize my present employer, my former employers, any educational institution, any law enforcement organization, any consumer reporting agency, any professional or personal reference, or any other appropriate source or individual to provide all information that is requested in connection with such investigation. I release the BRIDGES and all named and unnamed sources from any and all liability which may result from furnishing information concerning me.

I agree to take any lawful examination or test, including any drug and/or alcohol test, required by the BRIDGES as a condition of my being hired, or if I am hired, as a condition of my continued employment. I further agree that my refusal to take any such lawful examination or test constitutes grounds for, and will cause, the BRIDGES not to employ me, or if I am employed, to terminate my employment. I release the BRIDGES and all other named and unnamed sources from any and all liability which may result from any lawful examination or test.

If I am employed, I agree that in consideration for my employment, I will conform to the rules and regulations of the BRIDGES. I understand that those rules and regulations may be altered, amended or repealed by the BRIDGES at any time, at the BRIDGES's sole option and without any prior notice to associates.

I acknowledge that if I am employed, my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either the BRIDGES or myself. I understand that no representative of the BRIDGES has any authority to enter into any agreement for employment for any specified period of time, to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing, except the Executive Director of the BRIDGES, who may only do so in writing.

This employment application will be considered active for thirty (30) days from the date it is completed. After that period, a new application must be submitted for an applicant to be reconsidered for a position.

DATE:	 SIGNATURE:	