

APPLICATION FOR EMPLOYMENT

Foundation for Blind Children

1235 E. Harmont Drive
Phoenix, AZ 85020-3864
602-331-1470

Fax Numbers: 602-678-5803 / 602-678-5819

An equal opportunity employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. A large print or digitized version of this application is available upon request.

PLEASE PRINT

Date of application: ___ / ___ / ___ Position(s) applied for: _____

Name: _____ SSN #: ___ - ___ - ___
Last First Middle

Address: _____
Street City State Zip

Telephone #: (____) _____ Mobile: (____) _____
Pager: (____) _____ Email: _____

Mail Address if different from above:

Address: _____
Street City State Zip

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? Yes No

If yes, give dates and positions:

Are you legally eligible for employment in this country? Yes No

Date available for work: ___ / ___ / ___ what is your desired salary range \$ _____

Type of employment desired:

Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?
Yes No If yes, please provide date(s) and details:

Answering YES to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number, if driving is an essential job function, # _____
State _____ Expiration date: ___ / ___ / ___

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

1. From: ___ / ___ / ___ To: ___ / ___ / ___
Employer: _____ Telephone #: (___) _____
Address: _____
Starting Job Title: _____ Final Job Title: _____
Immediate Supervisor and Title: _____
Summarize the nature of work performed and job responsibilities:

May we contact for reference? Yes No Later

Reason for leaving: _____
Hourly rate/Salary: Start: \$ _____ Per: _____ Final: \$ _____ Per: _____

2. From: ___ / ___ / ___ To: ___ / ___ / ___
Employer: _____ Telephone #: (___) _____
Address: _____
Starting Job Title: _____ Final Job Title: _____
Immediate Supervisor and Title: _____
Summarize the nature of work performed and job responsibilities:

May we contact for reference? Yes No Later

Reason for leaving: _____
Hourly rate/Salary: Start: \$ _____ Per: _____ Final: \$ _____ Per: _____

Employment History (continued):

3. From: ___/___/___ To: ___/___/___
Employer: _____ Telephone #: (____)_____
Address: _____
Starting Job Title: _____ Final Job Title: _____
Immediate Supervisor and Title: _____
Summarize the nature of work performed and job responsibilities:

May we contact for reference? Yes No Later
Reason for leaving: _____
Hourly rate/Salary: Start: \$ _____ Per: _____ Final: \$ _____ Per: _____

4. From: ___/___/___ To: ___/___/___
Employer: _____ Telephone #: (____)_____
Address: _____
Starting Job Title: _____ Final Job Title: _____
Immediate Supervisor and Title: _____
Summarize the nature of work performed and job responsibilities:

May we contact for reference? Yes No Later
Reason for leaving: _____
Hourly rate/Salary: Start: \$ _____ Per: _____ Final: \$ _____ Per: _____

Educational Background (if job-related)

High School Number of years completed: _____ Did you graduate? _____
Name and location: _____

College Number of years completed: _____ Did you graduate? _____
Name and location: _____
Major and degree: _____ Course of Study: _____

Other Number of years completed: _____ Did you graduate? _____
Name and location: _____
Course of Study: _____

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References

List information of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name: _____ Number of years known: _____
Telephone Number(s): (____) _____ (____) _____

Name: _____ Number of years known: _____
Telephone Number(s): (____) _____ (____) _____

Name: _____ Number of years known: _____
Telephone Number(s): (____) _____ (____) _____

List any additional information you would like us to consider:

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: ____/____/____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Date of application: ___/___/___ Position(s) applied for: _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable): _____

Applicant Information

Name: _____ SSN #: _____
Last First Middle

Address: _____
Street City State Zip

Telephone #: (____) _____ Mobile: (____) _____
Pager: (____) _____ Email: _____
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	