



I-REACH 2, Inc. Application for Employment



Pre-Employment Questionnaire, Equal Opportunity Employer

Date: _____

Personal Information

Name: (Last name first)
Physical Address:
Mailing Address:
Phone Number:
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
If offered employment, are you able to provide proof of your identity and eligibility to work in the U.S. as required by Federal Law? Yes <input type="checkbox"/> No <input type="checkbox"/>

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
Are you looking for: Part time <input type="checkbox"/> Full time <input type="checkbox"/> Temporary <input type="checkbox"/>				Number of hours per week: _____		
Are you available to work days? Yes <input type="checkbox"/> No <input type="checkbox"/>				Date available to start: _____		
Are you available to work nights? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you available to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you have a valid U.S. driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, indicate state and number: _____						

Education

Name & Location of School	No. of Years attended:	Did you graduate?	Degree obtained:	Subjects Studied:
High School/Equivalent:	1 2 3 4			
Undergraduate:	1 2 3 4			
Graduate, Trade, Technical, Business or Other:	1 2 3 4			

Employment History

Current/Most Recent Employer Name:	Phone:	Dates Employed: From:	Starting Rate:	Final Rate:
		To:	\$	\$
Address:		Immediate Supervisor:		
Summarize the type of work performed & job responsibilities:		Your job title:		
Reason for leaving:				
May we contact your immediate supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name:	Phone:	Dates Employed: From:	Starting Rate:	Final Rate:
		To:	\$	\$
Address:		Immediate Supervisor:		
Summarize the type of work performed & job responsibilities:		Your job title:		
Reason for leaving:				
May we contact your immediate supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name:	Phone:	Dates Employed: From:	Starting Rate:	Final Rate:

Address:		To:	\$	\$
Summarize the type of work performed & job responsibilities:		Immediate Supervisor:		
Reason for leaving:		Your job title:		
May we contact your immediate supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please include an explanation for any gaps in employment:				

References

Please list the names and telephone numbers of three work related references who are not related to you.			
Name:	Telephone Number:	Relationship:	No. of years known:
Name:	Telephone Number:	Relationship:	No. of years known:
Name:	Telephone Number:	Relationship:	No. of years known:

General Information

Subjects of special study, research work, or special training and skills:	
U.S. Military or Naval Service:	Rank:

Additional Information

Have you ever submitted an application to I-REACH 2, Inc previously? If yes, please list dates:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been employed by I-REACH 2, Inc. previously? If yes, please list dates:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives employed at I-REACH 2, Inc? If yes, please list name, relationship, and department:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a criminal offense other than minor traffic violations? If yes, please describe the nature of the conviction, including dates charged, penalties and current disposition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of said information.

I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____

Signature: _____

