



I-REACH 2, Inc. (IR2) Application for Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Personal Information

Name: (Last name first)	Date:
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"/>	
State name of relatives employed by IR2 and/or relatives serving on the IR2 Board of Directors _____	
Are you able to perform the essential functions required for the position for which you are applying with or without accommodations? If no, please explain. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date available to start: _____						
Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Driver's License Number: _____ State: _____						
Have you received any moving traffic violations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain and give approximate dates: _____						
Has your Driver's License been suspended or revoked within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain _____						
Have you ever been convicted of a criminal offense other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please describe the nature of the conviction, including dates charged, penalties and current disposition: _____						

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: To:	Starting Rate: \$	Final Rate: \$
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: To:	Starting Rate: \$	Final Rate: \$
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: To:	Starting Rate: \$	Final Rate: \$
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: To:	Starting Rate: \$	Final Rate: \$
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: To:	Starting Rate: \$	Final Rate: \$
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"/>				
If you need additional space, please continue on a separate sheet of paper. Please explain any gaps in employment:				

References

List below the names and addresses of persons who are qualified to answer questions concerning your abilities. This portion must be completed in addition to the three letters of reference required with each application.

Name:	Telephone Number:	Type of Reference (personal/professional)	No. of years known:

General Information

Subjects of special study, research work, or special training and skills: (Especially related to the position in which you are applying)	

U.S. Military or Naval Service:	Rank:

APPLICANT'S STATEMENT
READ EACH PARAGRAPH CAREFULLY BEFORE SIGNING BELOW

- △ I certify that answers given herein are true and complete to the best of my knowledge.
- △ I understand that I will be required to submit to a background check, which includes a State of Wyoming Central Registry, local background check from the Casper Police Department, and fingerprinting as required by federal and state regulations.
- △ I understand that I will be required provide a current driving record.
- △ I understand that I will be required to submit to post-offer, pre-employment drug testing. I also understand that I-Reach 2, Inc. does have a drug testing policy affecting all employees. This includes post-accident, reasonable suspicion, and random testing.
- △ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- △ I permit and consent to allow all references and previous employers contacted to release any information deemed relevant to IR2 as my prospective employer. I release IR2 and all persons providing information to IR2 from any liability whatsoever for obtaining and providing that information.
- △ This waiver does not permit the release of, 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.
- △ I UNDERSTAND AND AGREE THAT ANY EMPLOYMENT RELATIONSHIP WITH I-Reach 2 Inc. IS "AT WILL" WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY STATEMENT, DOCUMENT OR CONDUCT EXCEPT BY A WRITTEN AGREEMENT SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE.

Signature of Applicant

Date

I-Reach 2 Inc. Use Only

THE FOLLOWING ITEMS ARE ATTACHED TO THIS APPLICATION:

3 LETTERS OF REFERENCE YES NO **# of Personal** _____ **# of Professional** _____

OIG Exclusions List Verified YES NO **Eligible for Employment** _____

Former I-Reach Employee YES NO **Rehireable** YES NO

TRANSCRIPTS/CERTIFICATIONS YES NO

ARRANGE INTERVIEW: YES NO **INTERVIEW DATE:** _____

INTERVIEWER(S) _____

EMPLOYED: YES NO **START DATE:** _____

JOB TITLE: _____ **HOURLY RATE/SALARY:** _____ **HOURS EMPLOYED:** _____

BY: _____ **TITLE:** _____ **DATE:** _____

