



Our Mission is to assist the Developmentally Disabled and the Elderly Disabled to achieve community inclusion that enhances personal potential, employment opportunities, and / or volunteerism.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER: We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Note: All Employees are Employed-At-Will

(Instructions: Print clearly in black or blue ink. Answer all questions. Sign & date form.)

Date of Application: _____

Position(s) Applied For: _____

Referral Source:

Advertisement Employment Agency Walk-in
 Friend Relative Other _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: () _____ Cell Phone: () _____

Email Address: _____

Last 4 Digits of Your Social Security No. _____

Are you 18 years or older? Yes _____ No _____

Have you applied here before? Yes _____ No _____
If yes, give date _____

Have you ever been employed here before? Yes _____ No _____
If yes, give date _____

Do you have any friends or relatives, working for Arkay? Yes _____ No _____
If yes, state name & relationship: _____

Are you employed now? Yes _____ No _____
May we contact your current employer? Yes _____ No _____

On what date would you be available for work? _____

Application for Employment Revised: 04/10/2013, 4/16/2019
Reviewed on: 06/12/2014, 06/18/2015, 06/16/2016, 04/12/2017,
04/12/2018, 12/18/2018, 4/16/2019

Are you available to work Full Time _____ Part Time _____

Can you travel if the job requires it? Yes _____ No _____
If hired, would you have transportation to/from work? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying either with / without reasonable accommodations? Yes _____ No _____

If no, please describe the functions that cannot be performed:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____
(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of **any** crimes within the last 7 years? Yes _____ No _____

If yes, please explain:

Indicate languages you speak, read, and/or write.

Speak: _____ Fluent ___ Good ___ Fair ___

Read: _____ Fluent ___ Good ___ Fair ___

Write: _____ Fluent ___ Good ___ Fair ___

DWMHA Training Yes _____ No _____

MORC Training Yes _____ No _____

CLS Training Yes _____ No _____

OCHN Training Yes _____ No _____

Other _____

Education, Training, & Experience

High School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / Diploma earned: _____

College / University:

1. School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / Diploma Earned: _____

2. School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / Diploma Earned: _____

Vocational School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / Diploma earned: _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/Duties: _____

Related Details: _____

Skills and Qualifications: Licenses, Skills, Training, Awards

Summarize special skills and qualifications acquired from employment or other experience.

Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or present status. Detail each position & account for any gaps in employment during that period.

Employer _____

Address _____

Telephone _____

Dates Employed From _____ to _____

Job Title _____ Hourly Rate/ Salary _____

Supervisor _____

Reason for leaving _____

Employer _____

Address _____

Telephone _____

Dates Employed From _____ to _____

Job Title _____

Hourly Rate/ Salary _____

Supervisor _____

Reason for leaving _____

Employer _____

Address _____

Telephone _____

Dates Employed From _____ to _____

Job Title _____

Hourly Rate/ Salary _____

Application for Employment

Revised: 04/10/2013, 4/16/2019

Reviewed on: 06/12/2014, 06/18/2015, 06/16/2016, 04/12/2017,

04/12/2018, 12/18/2018, 4/16/2019

Supervisor _____

Reason for leaving _____

References

Give the name, address and telephone number of three references **who are not related to you and have knowledge of your work performance. Please include professional references only.**

1. _____

2. _____

3. _____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed two years. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute specific document to that effect.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Important to Know: Application Legalities

It is important to know that providing inaccurate information on the application can result in termination of consideration for hiring. If the employer discovers the erroneous data after hiring the individual, it is grounds for termination of employment. Applicants must sign the paper or electronic application to verify that the information they have provided is accurate. So, be sure to triple-check your application after completion to ensure everything is true.

Signature

Date



Our Mission is to assist the Developmentally Disabled and the Elderly Disabled to achieve community inclusion that enhances personal potential, employment opportunities, and / or volunteerism.

DRUG-FREE WORKPLACE POLICY NOTICE TO JOB APPLICANT

It is our policy that all employees are prohibited from the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance including alcohol in the workplace, and remote job sites. Drug and alcohol testing will occur after every job related accident; benefits will be denied if tests are positive. Testing shall also occur if there is reasonable suspicion.

The following drugs will be tested for under our company policy:

Alcohol	Cocaine
Depressants, e.g. Barbiturates	Marijuana/Cannabis
Narcotics, e.g. Heroin	Stimulants, e.g. Amphetamines
Opiates	PCP
Benzodiazepines	Propoxyphene
Methadone	

Any employee violating this policy will be subject to immediate discharge. Clients and employees who do not understand this policy should contact Human Resources for clarification.

I have thoroughly read and understand the drug-free workplace policy. I understand that as a condition of my employment I voluntarily submit to pre-employment drug testing and I agree to follow, without reservation, the drug-free workplace policy. Further, employee(s) maybe subject to randomized drug testing.

EMPLOYMENT AND SEPARATION STATEMENT

I consent to take any physical examinations, including but not limited to test for alcohol or drugs, that may be requested by Arkay, Inc: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act, I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Arkay, Inc I understand and agree that any employment I might be offered by Arkay, Inc is at-will and of indefinite duration, and that either I or Arkay, Inc can terminate that employment at any time with or without notice for any reason, and that no agreement to the contrary will be recognized by Arkay, Inc I unless made in writing and signed by the Executive Director of Arkay, Inc.

There will be a **90-day probationary period** during which time either party can terminate employment. I understand that satisfactory completion of my probationary period will not change my status as an at-will employee.



Our Mission is to assist the Developmentally Disabled and the Elderly Disabled to achieve community inclusion that enhances personal potential, employment opportunities, and / or volunteerism.

DRUG FREE ENVIRONMENT AND DRUG TESTING POLICY RECEIPT

I hereby acknowledge I have received a copy of the ARKAY, INC Drug-Free Workplace Policy Notice to Job Applicants. I also understand it is my responsibility to read this policy. I furthermore understand that compliance with requirements for the policy and/or program are conditions of employment with Arkay. Any questions regarding the policy should be directed to the Human Resource Department.

Applicant/Employee Signature

Date

Witness Signature

Date

Position



Our Mission is to assist the Developmentally Disabled and the Elderly Disabled to achieve community inclusion that enhances personal potential, employment opportunities, and / or volunteerism.

NOTIFICATION & CONSENT OF PREEMPLOYMENT DRUG AND ALCOHOL TESTING

It is the policy of Arkay, Inc. to maintain a safe, healthy and productive work environment for all its employees; to provide quality services for its consumers, in a manner which the integrity and security of its facilities and property, and to perform all these functions in a fashion consistent with the interests and concerns of the communities in which it operates.

Pursuant to these goals, Arkay requires candidates for employment to pass a drug/alcohol screening test covering illegal substances and legal substance subject to abuse. The following eleven drugs will be tested for under our company policy:

Alcohol	Cocaine
Depressants, e.g. Barbiturates	Marijuana/Cannabis
Narcotics, e.g. Heroin	Stimulants, e.g. Amphetamines
Opiates	PCP
Benzodiazepines	Propoxyphene
Methadone	

This requires the candidate to submit a urine and/or blood specimen and to sign the Consent and Release statement provided by Arkay. Refusal to do so will result in the candidate's disqualification for further employment consideration.

THE PURPOSE of the analysis is to determine the absence or presence of drugs or alcohol.

Any employee violating this policy will be subject to immediate discharge. Clients and employees who do not understand this policy should contact Human Resources for clarification.

I have thoroughly read and understand the drug-free workplace policy. I understand that as a condition of my employment I voluntarily submit to pre-employment drug testing and I agree to follow, without reservation, the drug-free workplace policy.

CONSENT & RELEASE

I UNDERSTAND that according to Arkay policy, I am required to submit a sample of my urine and/or blood for chemical analysis. I understand that qualified testing laboratory will conduct the analysis. An affirmative result will result in the candidate's disqualification for further employment consideration.

THE PURPOSE of this analysis is to determine the absence or presence of drugs or alcohol.

I CONSENT freely and voluntarily to the Company's request for urine and/or blood

Application for Employment

Revised: 04/10/2013, 4/16/2019

Reviewed on: 06/12/2014, 06/18/2015, 06/16/2016, 04/12/2017,
04/12/2018, 12/18/2018, 4/16/2019

specimens. I hereby release and hold harmless Arkay and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of specimens.

Notification & Consent of Pre-Employment
Drug and Alcohol Testing

I UNDERSTAND that a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process. In addition, the laboratory that Arkay of the results will notify.

EMPLOYMENT AND SEPARATION STATEMENT

I consent to take any physical examinations, including but not limited to test for alcohol or drugs, that may be requested by Arkay, Inc. : (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act, I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Arkay, Inc. I understand and agree that any employment I might be offered by Arkay, Inc. is at-will and of indefinite duration, and that either I or Arkay, Inc. can terminate that employment at any time with or without notice for any reason, and that no agreement to the contrary will be recognized by Arkay, Inc. I unless made in writing and signed by the Executive Director of Arkay, Inc.

There will be a **90-day probationary period** during which time either party can terminate employment. I understand that satisfactory completion of my probationary period will not change my status as an at-will employee.

By my signature below I acknowledge understanding, and agree to all provisions of this employment application.

_____ Applicant/Employee Signature	_____ Date
_____ Position	_____ Social Security Number
_____ Witness Signature	_____ Date
_____ Position	

Notification & Consent of Pre-Employment
Drug and Alcohol Testing