

The Institute for Human Services, Inc.

Application for Employment

IHS is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

Application date:	Position applying for:
Date available to start work:	Desired pay:
Days available to work: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Times:	Seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Name: (First, Middle, Last)	List any other names you have used for employment/ education purposes:
Address: (Street, Apt. #, City, State, Zip Code)	Phone number:
Email:	Alternate phone #:

How did you hear about this position?		<input type="checkbox"/> IHS Website	<input type="checkbox"/> Online Ad (List) _____
Name of Website, Employee, Agency, or Other:		<input type="checkbox"/> Employee	<input type="checkbox"/> Other:
Have you previously applied for employment with IHS?			
If yes, state when and what position:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been employed here previously?			
If yes, state when:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a current or former IHS guest?			
If yes, state the dates of you stay:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives currently employed by IHS?			
If yes, state name and relationship:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you possess a valid driver's license?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally authorized to work in the U.S.?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IHS only employs U.S. citizens or those who are legally authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)			
Have you had any prior National or Peace Corp Service experience?			
If yes, where and when did you do such service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Education & Training

	School Name & Location	No. of Yrs. Completed	Major	Degree/ Diploma Earned
High School				
College				
Other/ Military				

Please list all software programs you have experience with:			
<input type="checkbox"/> 10Key: __ Sight __ Touch	<input type="checkbox"/> Word	<input type="checkbox"/> Database	
<input type="checkbox"/> Typing: _____ WPM	<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	
<input type="checkbox"/> Other, please list:			

Employment Experience

Please list all relevant work experience beginning with the most recent; attach a second sheet if necessary. Even with an attached resume, please list all relevant work experience on this application.

Employer:	Dates Employed: (Month/Year) From: _____ To: _____
Address: (street, apt, city, state, zip code)	
Supervisor : _____ Phone: _____	Position Title/ Department:
Reason for Leaving: _____ _____	Describe Work Performed:
<input type="checkbox"/> Please check this box if we MAY contact this employer.	
Employer:	Dates Employed: (Month/ Year) From: _____ To: _____
Address: (street, apt, city, state, zip code)	
Supervisor: _____ Phone: _____	Position Title/ Department:
Reason for Leaving: _____ _____	Describe Work Performed:
<input type="checkbox"/> Please check this box if we MAY contact this employer.	
Employer:	Dates Employed: (Month/ Year) From: _____ To: _____
Address: (street, apt, city, state, zip code)	
Supervisor _____ Phone: _____	Position Title/ Department:
Reason For Leaving: _____ _____	Describe Work Performed:
<input type="checkbox"/> Please check this box if we MAY contact this employer.	
Employer:	Dates Employed: (Month/ Year) From: _____ To: _____
Address: (street, apt, city, state, zip code)	
Supervisor; _____ Phone: _____	Position Title/ Department:
Reason for Leaving _____ _____	Describe Work Performed:
<input type="checkbox"/> Please check this box if we MAY contact this employer.	

References

Please provide 3 professional references (Not relatives)

Name	Title/Occupation	How many years known	Phone number/Email



By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge.

I authorize IHS to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for IHS's consideration of my application for employment, I hereby release the company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by IHS regarding my work history, education, character, reputation, and background. After a conditional offer of employment is made, but before employment duties begin, IHS may request a consumer report and/or investigative consumer report, as defined by the federal Fair Credit Reporting Act, on you from a consumer reporting agency in connection with your employment application and for employment purposes. A consumer report is a compilation of information that might affect your employability. The reports may contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and GoodHire. The screening will be conducted by an outside agency: Inflection Risk Solutions, LLC d/ b/a GoodHire – Address: P.O. Box 391403 Omaha, NE 68139 | Phone: 1- 888-906- 7351 | Fax: 650-362-1933 | Email: support@goodhire.com. For information about GoodHire's privacy practices, visit <https://www.goodhire.com>.

Additionally, after a conditional offer of employment is made, but before employment duties begin, you will be subject to a drug test and/or a physical or medical examination at IHS's expense and by a company-chosen physician, with the offer of employment conditioned on the result of such examination(s). Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at IHS's expense and by a Company-chosen physician. I agree to provide IHS with any authorization or release which may be required for a pre-employment medical examination or drug test.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or IHS, with or without cause or reason and with or without notice.

Signature of Applicant:	Date:
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Revised: August 2019