

Jill's House

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Wage: \$ _____

Position Applied for: _____

Please Circle One: Part Time Full Time Temporary On Call Any

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have any relatives employed here? YES NO If so, please provide their name _____

Are you 18 years or older? YES NO If no, do you have a work permit? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Hours Available: Mon- Tue- Wed- Thu- Fri- Sat- Sun-

Jill's House operates on an every-other-weekend scheduling for all staff, is this something you would be able to do?
 Yes or No (circle)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Personal References

Please list three personal and/or professional references. Please do not include family members or relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Email: _____

Job Title: _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Email: _____

Job Title: _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Email: _____

Job Title: _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Licensure

Professional License Number and Title: _____ Expiration Date: _____

Any limitations that could interfere with ability to perform essential tasks? If so, explain. _____

Criminal Information Release and Signature

I freely and willingly will give any Police Department permission to give any and all records of convictions to HI Jill's House, LLC, 751 E Tamarack Trail, Bloomington, IN to use in whatever manner, and/or for whatever purpose fingerprinting and photographs are being taken.

Signature: _____ Date: _____

Polygraph Agreement and Signature

I understand that during my employment I may be asked to take a polygraph examination. I understand that the polygraph will be given as an opportunity to relieve and discrediting situation that may arise during my period of employment.

I also understand that the scope of any polygraph examination would be confined to the period of employment with HI Jill's House, LLC and would cover only work-related information.

Signature: _____ Date: _____

Authorization to Release Information and Signature

I, the undersigned, who has applied for employment with HI Jill's House, LLC ("Prospective Employer") and hereby authorizes and directs you and your Organization to provide the Prospective Employer with all the information about me and my employment that may be asked of you to provide. This includes but is not limited to my: dates of employment, job titles, employment application, performance evaluations, wage or salary history, disciplinary actions, attendance records, and reasons for leaving.

I am aware that Indiana law provides immunity to you and your Organization when you disclose information about me, unless the information disclosed was known to be false at the time the disclosure was made.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you or your Organization, its officers and agents, for providing any requested information that is not known to be false at the time of providing it to the Prospective Employer.

I have executed and dated one original of this authorization which will be maintained by the Prospective Employer, and you are authorized to respond to the Prospective Employer's request as if this document were the original. This authorization shall remain valid indefinitely or until such time as it is revoked by me in writing and delivered to you. Thank you for your cooperation.

Signature: _____ Date: _____

Disclaimer and Signature

I certify that this application was completed by me and that all entries on it and all information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge, regardless of the date of discovery.

I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. The investigation shall also determine if I have a criminal background. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I hereby release all parties, including but not limited to Jill's House, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to HI Jill's House, LLC concerning me or any action Jill's House takes on the basis of such information.

I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent of release of medical records is revocable, in writing, by me at any time.

I understand that this application is not and is not intended to be a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time for any reason by HI Jill's House, LLC or by me. I further understand that statements which may be contained in the policies, practices, handbooks, or other Jill's House material do not create any guarantee of employment and that HI Jill's House, LLC has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of HI Jill's House, LLC other than an officer, has the authority to enter into an agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding to HI Jill's House, LLC.

Signature: _____ Date: _____

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS