FOR OFFICE USE:
Position(s):
_____

Screening Interview: ___/__/____ Second Interview: ___/__/____
ID & work authorization verified____/__/____

Restorative Partners Employment Application
An Equal Opportunity Employer. At-Will Employer. We drug-test all applicants.

Please Print _____
Date of Application

_____ _____ _____
Last Name **First Name** **Middle**

Job Objective

Position(s) applying for: 1st Choice: _____ FT PT

2nd Choice: _____ FT PT

Date available to start: _____

Referral Source: Advertisement Employee Relative Walk-in Indeed

Other: _____

Availability

Hours available to work Monday through Sunday: (List below)

Sun **Mon** **Tues** **Wed** **Thurs** **Fri** **Sa**

_____ _____
From **To**

Your Personal Information

Physical Address & Phone Numbers

_____ _____ ___ _____-____
No. & Street City St Zip

Mailing Address (if different from present address)

_____ _____ ___ _____-____
No. & Street City St Zip

Cell: (___) _____-_____
Home: (___) _____-_____

What is the best time to contact you? Morning Afternoon Evening

1. Do you have any friends or relatives working for Restorative Partners? Yes No If yes, state name(s) and relationship:

_____ _____ _____
Name Relationship Position Held

2. Have you ever applied to or worked for Restorative Partners before? Yes No If yes, when?
_____

3. If hired, would you have a reliable means of transportation to and from work? Yes No

4. Are you at least 18 years old Yes No

5. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

6. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.
_____
_____
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

7. If hired for a position that requires driving for the company, can you provide a valid driver's license, proof of insurance and a current DMV record? Yes No

8. IN A FEW WORDS: Why do you want to work with this Organization?

_____
_____
_____
_____

Education, Training and Experience

List the last three schools attended, *starting with the most recent one.*

_____ _____ _____
List city & state of school Indicate any degree or diploma earned GPA

_____ _____ _____

List city & state of school | Indicate any degree or diploma earned | GPA

_____ _____ _____

List city & state of school | Indicate any degree or diploma earned | GPA

List any foreign languages you are fluent in: _____

Employment History

List below all present and past employment starting with your most recent employer **(last five years is sufficient).** Account for all periods of unemployment, Military service, and volunteer activities. You must complete this section even if attaching a resume.

_____ (___) _____-_____

Name of Employer Telephone No.

Dates of Employment: From: _____ To: _____

May we contact this employer for a reference? Yes No

_____ (___) _____-_____

Name of Employer Telephone No.

Dates of Employment: From: _____ To: _____

May we contact this employer for a reference? Yes No

_____ (___) _____-_____

Name of Employer Telephone No.

Dates of Employment: From: _____ To: _____

May we contact this employer for a reference? Yes No

_____ (___) _____-_____

Name of Employer Telephone No.

Dates of Employment: From: _____ To: _____

May we contact this employer for a reference? Yes No

References

List below three persons not related to you **who have knowledge of your work performance** within the last three years.

_____

Name

(___) ___-____ _____

Telephone No. Email

_____

Name

(___) ___-____ _____
Telephone No. Email

_____
Name
(___) ___-____ _____
Telephone No. Email

Skills

List the relevant skills in which you feel experienced.

_____

_____

_____

_____

_____

Pl**ease furnish any other information you feel may be beneficial to your application:**

_____

_____

_____

_____

_____

Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Restorative Partners to thoroughly investigate my references, work record, education Initials and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Restorative Partners, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Restorative Partners. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Restorative Partners and that no promises or representations contrary to the foregoing are binding on Restorative Partners unless made in writing and signed by me and a Restorative Partners designated representative.

_____ I understand and agree that a criminal background check will be conducted ONLY IF AND WHEN I receive a conditional offer of employment.

_____ _____

Date Applicant's Signature

Note: This application will remain "open" for consideration for six months, after which, a new application must be submitted. Thank you.