

APPLICATION FOR EMPLOYMENT



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

(PLEASE PRINT)

Position:	Date:
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Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)	Social Security Number	
Email address:		

Are you at least 18 years of age as of today's date?	Yes	No
Have you ever filed an application with us before? If Yes, give date _____	Yes	No
Have you ever been employed with us before? If Yes, give dates, from _____ to _____	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No
Do you have a high school diploma or GED?	Yes	No
Have you ever been convicted of or pled guilty to any misdemeanor, DWI/DUI, felony, received a suspended imposition of sentence (SIS) or have any pending charges?	Yes	No
Has a report against you ever been substantiated through a State Division of Family/Children Services or other similar agency?	Yes	No
Have you ever been disqualified for employment by the Division of Senior Services or the Department of Mental Health?	Yes	No
<i>Background screenings will be required upon employment</i>		
WE ARE AN EQUAL OPPORTUNITY EMPLOYER		

NAME: _____

POSITION: _____

DATE: _____

REQUIREMENTS FOR EMPLOYMENT

Employment as direct care staff at Pony Bird, Inc. requires the ability to lift at least fifty (50) pounds.

Are you able to lift fifty (50) pounds? Yes No

Employment at Pony Bird, Inc. requires TB testing as mandated by Department of Mental Health regulations.

I am aware that I am required to complete TB testing as a requirement of employment. Yes No

I understand that any offer of employment is contingent upon a negative drug screen. Yes No

AVAILABILITY

Date available to work ____/____/____ What is your desired salary range? _____

Please explain your availability, including shifts (*Days, Evenings, or Midnights*) and number of hours per week.

EMPLOYMENT HISTORY (*Beginning with the most recent job*)

Employer's Name	Address	Phone Number(s)	Supervisor	May we contact?	From: Mo./Yr.	To: Mo./Yr.

List any other training or experience which you believe will aid you in the performance of employment in the position for which you have applied.

READ BEFORE SIGNING

"I hereby certify that the answers to the above are true. I further understand that any information falsified or withheld in this application will subject me to immediate termination of employment. I know that my employment is conditioned upon receiving satisfactory information from former employers or references including, but not limited to, checks with the State Highway Patrol, the Division of Family Services, and the Division of Health and Senior Services. In addition to references given by me, I authorize Pony Bird, Inc. to contact prior employers and authorize said employers and references to make full response to those inquiries without liability to Pony Bird, Inc. or them from me. I agree to conform to the rules and regulations of Pony Bird, Inc. I agree and understand that the rules and regulations may be changed, altered, or amended by Pony Bird, Inc. in any way at any time without my consent. I agree and understand that the Staff handbook is not to be construed as creating any form of employment agreement and that it does not serve as a part of, or an independent basis for a contract of employment. Should I be employed, upon termination I understand that all properties of Pony Bird, Inc. will be returned to them.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Pony Bird, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Pony Bird, Inc. I have read and understand the foregoing."

Signature of Applicant

Date