

Down Syndrome Association of Central Ohio

PLEASE RETURN TO:

DSACO
510 E. North Broadway
Columbus, OH 43214

APPLICATION FOR EMPLOYMENT

(Please print clearly and sign where indicated.)

CHECK ONE: FULL TIME PART TIME

POSITION/LOCATION DESIRED

Salary Desired	Date Available

The Down Syndrome Association of Central Ohio (“DSACO”) is an Equal Opportunity Employer.

DSACO offers equal employment opportunity to all applicants for employment and all employees regardless of sex, sexual orientation, age, race, color, religion, national origin, ancestry, veteran status, military service, disability, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

PLEASE PRINT

LAST NAME	FIRST	MIDDLE

ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are hired, will you be able to submit proof of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No	ALT. TELEPHONE _____
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How did you become aware of the position(s) for which you are applying?

Walk-In Friend Other:
Name of Referral Source:

Employment/Search Agency Employee

Person to contact in emergency:

Name:	Relationship to You:	Telephone Number:
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Do you realize that it may be necessary to work on weekends, holidays or rotation shifts? Yes No

What days are you available to work? Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Holidays

What hours are you available to work? _____

What is the total number of hours you are available to work per week? _____

Are you on layoff or subject to recall? Yes No

Do you have a valid driver’s license? Yes No

EMPLOYMENT HISTORY

Have you ever worked for DSACO? Yes No

If yes, give position, dates of employment and reason for leaving:

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, please provide details: _____

Are you presently employed? Yes No

If yes, please provide details: _____

Have you ever been discharged from a position? Yes No

If yes, please provide details (when and reason for discharge): _____

List all of your places of employment beginning with the most recent. You may include work performed on a volunteer basis. DSACO may contact any of these persons or entities to obtain an employment reference.

Name and Address of Employer:	Telephone: () ____ - ____
_____	Type of Business: _____
Employed (Month and Year):	
From ____ / ____ / ____ To ____ / ____ / ____	Reason for Leaving: _____
Name and Title of Immediate Supervisor:	Telephone: _____
_____	Hourly Pay Starting _____ Ending _____
Describe Your Job Duties and Responsibilities:	

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Describe Your Job Duties and Responsibilities:	

Please use additional pages, if necessary.

Please use the space below to account for any time period between positions when you were not working.

MILITARY DATA

Have you ever had U.S. military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, branch? _____ Rank at Discharge _____ Duties Performed? _____

EDUCATION AND TRAINING

Name of School & Address	Number of Years Attended	Course of Study or Major	Did You Graduate?	Diploma/Degree Grade Point Average
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired for employment, training or other experience, including professional licenses and/or certifications (with the applicable organization, state issued, date issued and number).

HONORS AND ACTIVITIES

List any academic, social, civic or professional honors or activities during your education or professional career.

PERSONAL AND PROFESSIONAL REFERENCES (DO NOT LIST RELATIVES)

Name, Occupation and Relationship to You	Address	Telephone Number

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Do you believe that you would be able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

Yes No

CERTIFICATION (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify and affirm that the information provided in conjunction with the application process, including the information provided on this Application for Employment, and attached Addendum and any resume submitted is true, accurate, and complete and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby authorize DSACO to investigate all information pertinent to my Application for Employment in order to determine my qualifications for employment which will include contacting former and/or current employers or any other person or entity listed on this application and conducting a background check. I hereby authorize all persons and entities having information relevant to my application to provide that information to DSACO and I hereby agree to hold harmless DSACO and all those providing information to DSACO from any liability arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to DSACO or if I violate any of the provisions of this Certification. I further understand that if I am hired by DSACO, I must abide by all rules and policies of DSACO which, other than the "at-will" employment policy, may be changed without notice at the discretion of DSACO.

I understand that completion of this Application for Employment does not assure me of a position with DSACO. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will," unless otherwise provided by an applicable collective bargaining agreement. As such, any employment relationship I may have with DSACO may be terminated at any time, for any reason or no reason, by me or DSACO. I understand that no representative of DSACO, other than the President, has the authority to enter into any agreement for employment with me contrary to the foregoing.

I understand that any omission, misrepresentation, or falsification in conjunction with this application process may be grounds for denial of employment or, if hired, immediate termination of employment. I also understand that any offer of employment and that continued employment are conditioned upon the satisfactory completion of a background check, as determined in the sole discretion of DSACO.

Applicant's signature _____ Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

Interviewed by: _____

Degree Verification: Yes No Date: _____

Licensure/Certification Verification: _____

Reference Verification: _____

Background Verification: _____