



Tobosa

Developmental Services

Employment Application

Agency Applying to: _____

Date of Birth: _____

Name _____ Social Security # _____ Phone: _____

Present Address: _____
 Street City State Zip

Prior Address (if less than five years): _____
 Street City State Zip

In case of emergency contact: _____
 Name Address Phone #

Position applying for: _____ Date Available _____

Do you have a valid driver's license? _____ License Number _____ State: _____

Education

School Name & Location	High School				Undergraduate College/University				Graduate/ Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree (yes or no)												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to help us in considering your application												

Tobosa Developmental Services provides service and employment without regard to otherwise qualified applicant's race, color, religion, sex, sexual preference, handicap or national ancestry.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.

Employer	<u>Dates Employed</u> From: To: Final Salary/Hourly Rate Supervisor	Work Performed
Address		
Telephone Number		
Job Title		
Reasons for Leaving		

If currently employed, may we contact employer? _____ Yes _____ No

2.

Employer	<u>Dates Employed</u> From: To: Final Salary/Hourly Rate Supervisor	Work Performed
Address		
Telephone Number		
Job Title		
Reasons for Leaving		

If currently employed, may we contact employer? _____ Yes _____ No

3.

Employer	<u>Dates Employed</u> From: To: Final Salary/Hourly Rate Supervisor	Work Performed
Address		
Telephone Number		
Job Title		
Reasons for Leaving		

If currently employed, may we contact employer? _____ Yes _____ No

4.

Employer	<u>Dates Employed</u> From: To: Final Salary/Hourly Rate Supervisor	Work Performed
Address		
Telephone Number		
Job Title		
Reasons for Leaving		

If currently employed, may we contact employer? _____ Yes _____ No

Answers to the following questions will not absolutely bar the applicant for employment at Tobosa; but will be considered along with other applicant information:

Have you ever been placed on notice of termination or fired from another position? _____yes _____no

If "yes" please describe situation: _____

Have you ever been convicted of negligence or abuse? _____yes _____no if "yes" please describe situation:

Please list three persons other than relatives we can call for references:

(Please Provide Day Time Phone Number)

- | | | | |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Address | Phone |
| 3. | _____ | _____ | _____ |
| | Name | Address | Phone |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period for time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should reapply at the time. This application only covers positions open at the time of application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. And that employment can be terminated at any time, with or without cause, by the employer or employee.

Applicant's Signature

Date

Were you referred by a current Tobosa employee?

Yes

No

If so, please fill in the employee's name below.

Employment Reference Check on: _____

(Applicant: Fill out top portion only.)

Past Employer: _____ Telephone: _____

Address: _____

Final Position Held: _____

Dates Employed: _____ Earnings: _____

Responsibilities:

Authorization

I hereby authorize the above named employer to provide any information you may have regarding my character and performance and release you and Tobosa Developmental Services from any liability associated with reasonable provisions of such information.

Signature Date

Social Security Number: _____/_____/_____

(Required Fields)

Employment Verification (Please check the appropriate boxes)

	Satisfactory	Unsatisfactory
Attendance		
Cooperation		
Initiative		
Job Knowledge		
Work Quality		
Job Performance		

Additional Comments:

Eligible For Rehire: _____Yes _____No

By checking this box, you acknowledge that if you are called for an interview you will be required to provide a High School Diploma or GED, Police Report, and Driving Record, at the time of interview. If application is not complete, we will not consider it for employment

