EMPLOYEE APPLICATION

**Attention Homes of Northwest Alabama, Inc.**

**1905 Bruin Drive | Florence, AL 35630**

**PO Box 742 | Florence, AL 35631**

**(256) 767-0972**

Position: Date of Application: / /

Name: D.O.B.: / /

SSN:

Address

Mailing Address (if different)

Previous Address

Phone: Cell Phone: Email:

Have you ever been convicted of any crime (including those related to children):

Yes No

If yes, please describe nature of crime: type/title of crimes dates state/county (location of crime)

Do you have any current traffic violations on your driving record? Yes No

If yes, please describe (list type of violation, date, and state/county of incident).

**Work History**

Company: Address & Phone number: Dates of Employment: start date: end date: Supervisor Name/Title: Reason for Leaving:

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Date available for employment:

Describe your previous experience working with and/or volunteering with children/youth.

Attention Homes of Northwest Alabama, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability.

# Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Name and**  **Address of School** | **Course of Study** | **Did you graduate?**  **If yes, list year of graduation** | **Diploma or**  **Degree Received** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Other:** |  |  |  |  |
|  |
|  |

**Training or certification applicable to the position for which you are applying.**

# Professional References

Name: Relation/Role: Years Known: Phone & Email: Name: Relation/Role: Years Known: Phone & Email: Name: Relation/Role: Years Known:

**I certify that the information provided on or attached to this application is true and accurate to the best of my knowledge.**

Signature Date

Completion of this form and providing the following information is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment.

**NAME: DATE COMPLETED:**

**POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENDER:**

(Please check one of the options below)

Male Female Nonbinary

# US Citizen:

Yes No

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

**MARITAL STATUS:**

SINGLE: MARRIED:

NAME OF SPOUSE (required if living onsite):

SPOUSE’S PLACE OF EMPLOYMENT:

## Name: Date:

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

* Autism
* Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
* Blind or low vision
* Cancer
* Cardiovascular or heart disease
* Cerebral palsy
* Deaf or hard of hearing benefiting from hearing aid(s)Depression or anxiety
* Diabetes
* Epilepsy
* Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, celiac disease
* Intellectual disability
* Missing limbs or partially missing limbs
* Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
* Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

|  |
| --- |
| Please check one: |
| \_\_\_\_\_ I have a disability or have history/record of having a disability.  \_\_\_\_\_ I do not have a disability.  \_\_\_\_\_ I prefer not to answer this. |
|  |

**Signature: Date:**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans;

1. recently separated veterans;
2. active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:

* + A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  + A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active-duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

\_\_\_\_\_\_\_ I am not a veteran. (I did not serve in the military.)

\_\_\_\_\_\_ I belong to the following class of protected veterans (select all that apply)

\_\_\_ Disabled Veteran

\_\_\_ Recently separated veteran Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Active-duty wartime or campaign veteran

\_\_\_ Armed forces service medical veteran

\_\_\_\_\_ I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

\_\_\_\_\_ I choose not to identify my veteran status.

Your Name */Signature*  Today’s Date