



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:

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(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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)  
\_\_\_\_\_ (Yes/No)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Fingerprinting Requirements** We are committed to providing a safe environment for all children and youth. Therefore, all employees are required to be fingerprinted. All offers of employment are contingent upon clearance from the Department of Justice and the FBI. Failure or inability to meet and/or comply with any of the security requirements are grounds for termination of employment or rejection of an applicant.

### Education, Training and Experience

School	Name and Address	# of yrs completed	Did you graduate?	Degree/ diploma
High School	_____ Name _____ Address _____ City                      State      Zip	_____	(Yes/No)	_____
College/ University	_____ Name _____ Address _____ City                      State      Zip	_____	(Yes/No)	_____
Vocational/ School	_____ Name _____ Address _____ City                      State      Zip	_____	(Yes/No)	_____

**Employment History**

List below all present and past employment starting with your most recent employer (last eight years is sufficient). Account for all period of unemployment. You must complete this section even if attaching a resume.

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\_\_\_\_\_  
**Name of Employer** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
May we contact this employer for a reference? \_\_\_\_\_ (Yes/No)

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\_\_\_\_\_  
**Name of Employer** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
May we contact this employer for a reference? \_\_\_\_\_ (Yes/No)

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\_\_\_\_\_  
**Name of Employer** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
May we contact this employer for a reference? \_\_\_\_\_ (Yes/No)

