

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Citizenship:** Are you a citizen of the United States of America?  YES  NO

**Current Employment Status:**  Employed Full-Time  Employed Part-Time

Unemployed  Laid-Off; Subject to Recall  Retired  Other: \_\_\_\_\_

**Driver's License:**  Operator  Chauffeur  CDL  None  Other \_\_\_\_\_

Do you own, or have access to, **reliable** year-round transportation?  YES  NO

Have you had **ANY** automobile accidents in the past **five** years?  YES  NO

If **YES**, provide relevant details and dates:

\_\_\_\_\_

Have you been cited for a **MOVING** *traffic offense* in the past **five** years?  YES  NO

If **YES**, describe the most recent offense and the approximate date:

\_\_\_\_\_

Have you **EVER** been convicted of a **felony** or other **serious crime**?  YES  NO

If **YES**, provide relevant details and dates:

\_\_\_\_\_

## Qualifications

- I have attached a resume of my qualifications including:
- Employment History | Employer name, location, start date/end date, position(s) held
  - Military Service | Branch, entry date, discharge date, position(s) held
  - Education and Training | School, location, diploma/certification received, date received
  - Hobbies, special interests, foreign language fluency, awards, and membership in civic, social, religious, artistic, or professional organizations

Please check the items below that you feel **proficient** using in your work:

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Computer                   | <input type="checkbox"/> Photo Editing Software                     |
| <input type="checkbox"/> Computer Projector                  | <input type="checkbox"/> Audio   Video   CD/DVD Software            |
| <input type="checkbox"/> Essential Computer Utility Software | <input type="checkbox"/> Website Authoring Software                 |
| <input type="checkbox"/> Word Processing Software            | <input type="checkbox"/> Internet   Email   Data Transfer           |
| <input type="checkbox"/> Spread Sheet Software               | <input type="checkbox"/> Digital Camera                             |
| <input type="checkbox"/> Presentation Software               | <input type="checkbox"/> Video Camera                               |
| <input type="checkbox"/> Database Software                   | <input type="checkbox"/> Cell or Smart Phone                        |
| <input type="checkbox"/> Financial Software                  | <input type="checkbox"/> Copy Machine                               |
| <input type="checkbox"/> Desktop Publishing Software         | <input type="checkbox"/> Sound Equipment (amp, mike, speakers etc.) |

List **any other** office, technical or instructional equipment or software that you can operate:

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Do you have any training or experience working with individuals diagnosed with mental illness, autism, intellectual, developmental, or physical disabilities?  YES  NO

In the space below, please briefly describe any such training, work or volunteer experience:

Explain briefly why you think that you would be successful in a position at *The Social and Learning Institute*. Mention your special personal qualities and motivation for applying here.

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It is the policy of *The Social and Learning Institute* to provide equal employment opportunity to all qualified persons regardless of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, marital status, national origin, age, physical disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors.

Do you have need of any special accommodation or consideration in performing your job at *The Social and Learning Institute*?  YES  NO If *YES*, explain below:

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Please read the following statements *carefully* before signing this application.

My written signature below certifies that the facts set forth by me in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed by *The Social and Learning Institute* that false statements on this application shall be considered sufficient cause for immediate dismissal. This organization is also hereby authorized to make any investigation of my prior educational and employment history which it deems reasonably necessary. If offered employment, I agree to provide further authorization for personal background investigation including driving record.

It is my further understanding that employment at this organization is "at will." This means that either I, or this organization, can terminate the employment relationship at any time, with or without prior notice, and for any reason *not* prohibited by statute. All employment is continued on that basis, and no supervisor, manager or administrator other than this organization's board of trustees has any authority to alter the foregoing terms of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_