



**NEW DIRECTIONS COMMUNITY
OUTREACH SERVICES, INC.**

Taking The Community In A Positive Direction

APPLICATION FOR EMPLOYMENT

Please print all information requested except signature
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

GENERAL INFORMATION Today's Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ days months years Social Security No. _____ - _____ - _____

Telephone (____) _____ - _____ Home Cell If under age 18, please indicate your age _____

Position applying for _____ Days/hours available to work
 No Preference Sunday Monday Tuesday
 Wednesday Thursday Friday Saturday

Salary desired (Be specific) _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired Full-Time Only Part-Time Only Full or Part-Time

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College / University				
Business / Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

WORK EXPERIENCE

*Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.*

Current or Last Employer

Name of Employer _____ Address _____ _____ City _____ State _____ Zip Code _____ Phone number (_____) _____	Name of Last Supervisor	Employment Dates	Pay or Salary
	First _____ Last _____	From _____ To _____	Start _____ Final _____
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Previous Employer

Name of Employer _____ Address _____ _____ City _____ State _____ Zip Code _____ Phone number (_____) _____	Name of Last Supervisor	Employment Dates	Pay or Salary
	First _____ Last _____	From _____ To _____	Start _____ Final _____
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Previous Employer

Name of Employer _____ Address _____ _____ City _____ State _____ Zip Code _____ Phone number (_____) _____	Name of Last Supervisor	Employment Dates	Pay or Salary
	First _____ Last _____	From _____ To _____	Start _____ Final _____
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Previous Employer			
Name of Employer _____ Address _____ _____	Name of Last Supervisor _____	Employment Dates From _____ To _____	Pay or Salary Start _____ Final _____
City _____ State _____ Zip Code _____	First _____ Last _____	Your last job title _____	
Phone number (____) _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY - APPLICATION FORM WAIVER

In exchange for the consideration of my job application by New Directions Community Outreach Services LLC (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of NDCOS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the employee_____ and NDCOS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in NDCOS.



**POST-EMPLOYMENT INFORMATION FORM
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED**

Height _____ ft. _____ in. Weight _____ Birth date _____

Married Yes No If married, how long? Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____

APPLICANT SELECTION CRITERIA RECORD

JOB TITLE

CANDIDATES CONSIDERED

(Including Minorities and Females)

NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB
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**ETHNIC CODES: 1-Black, 2-Oriental, 3-Hispanic, 4-American Indian, 0-Other*

CANDIDATE SELECTED

NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE
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SELECTION CRITERIA

REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS

Originator's Signature

Date