



Application for Employment

The Mission of SWIRCA & More is enhancing opportunities for independent living.

SWIRCA & More considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era special disabled veteran in accordance with federal law. In addition, SWIRCA & More complies with applicable state and local laws prohibiting discrimination in every jurisdiction in which it maintains facilities. SWIRCA & More also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Date of application: __/__/__ Date Available to begin work: __/__/__ Position(s) applied for: _____

Name: _____ Social Security Number: _____
(Last, First, Middle)

Address: _____ City: _____ State _____ Zip: _____

Home Phone: () ____ - ____ Work Phone: () ____ - ____ Mobile Phone: () ____ - ____ Email: _____

Emergency Contact Information:

Name: _____ Primary Phone: () ____ - ____ Alternative Phone: () ____ - ____

Relationship: _____ Workplace: _____ Work Place Phone: () ____ - ____

Referral Source (Please check all that apply.)

- | | |
|--|---|
| ☐ Walk-in | ☐ School |
| ☐ Employee | ☐ Job Fair |
| ☐ Advertisement | ☐ Staffing Agency |
| ☐ Company's Website | ☐ Government Employment Agency |
| ☐ Other Internet | ☐ Other |

If necessary, best time to call at home is: ____:____ AM/PM

Will you travel if the job requires it? ☐ Yes ☐ No

May we contact you at work ? ☐ Yes ☐ No

If they have been explained to you, ☐ Yes ☐ No
are you able to meet the attendance
requirements of the position ?

If yes, what is the best time to call ____:____ AM/PM

Will you work overtime if required ☐ Yes ☐ No
If no, please explain _____

If you are under 18 and it is required, ☐ Yes ☐ No
can you furnish a work permit?

Have you ever submitted an application here before?

☐ Yes ☐ No

If yes give date(s) & position(s) __/__/__

Driver's License number requested if driving is required in the
job for which you are applying

_____ State _____

Have you ever been employed here before?

☐ Yes ☐ No

If yes, give dates From __/__/__ To __/__/__

Have you ever been bonded? ☐ Yes ☐ No

Are you legally eligible for employment in ☐ Yes ☐ No

Answering yes to the following question does not disqualify you as a candidate for employment. The date of the offense, seriousness and nature of the violation, rehabilitation, and position applied will be considered.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes please provide date(s) and details _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Education

Name of School	Location	Circle Last Yr Completed	Graduate		Degree, Course, or Major
			YES	NO	
College-Undergraduate		1 2 3 4			
Graduate Schools		1 2 3 4			
Other		1 2 3 4			

If you have not lived in the state of Indiana for the past 5 years, please list your former addresses:

Professional References

1. Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Business/Cell Phone: _____ Residence: _____ Email: _____

2. Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Business/Cell Phone: _____ Residence: _____ Email: _____

3. Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Business/Cell Phone: _____ Residence: _____ Email: _____

Employment History

Please list any previous internships or employment.

School/Company: _____ Title: _____ From _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____ (if applicable)
Supervisor: _____ Phone Number : () _____ May we contact? _____
Duties: _____
Name under which employed or were a student: _____
Reason for leaving: _____ How long was the internship or how much notice did you give upon resignation? _____

School/Company: _____ Title: _____ From _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____ (if applicable)
Supervisor: _____ Phone Number : () _____ May we contact? _____
Duties: _____
Name under which employed or were a student: _____
Reason for leaving: _____ How long was the internship or how much notice did you give upon resignation? _____

School/Company: _____ Title: _____ From _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____ (if applicable)
Supervisor: _____ Phone Number : () _____ May we contact? _____
Duties: _____
Name under which employed or were a student: _____
Reason for leaving: _____ How long was the internship or how much notice did you give upon resignation? _____

Please answer the following questions. If you answer "yes" to any of the questions, please elaborate below.

- ☐ Yes ☐ No Have you ever had a professional license or certificate revoked or suspended?
- ☐ Yes ☐ No Have you ever been investigated by, suspended, put on probation, or ejected from a professional organization?
- ☐ Yes ☐ No Have you ever been convicted of an offense other than a minor traffic violation, including any alcohol or drug related offense?
- ☐ Yes ☐ No Have you ever been charged with an offense other than a minor traffic violation which, in your opinion, is relevant to your performance in the placement-internship request?
- _____
- _____
- _____

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that my signature below authorizes SWIRCA & More to complete thorough criminal, fraud, and Bureau of Motor Vehicles background checks based upon the information I have provided as a condition for my employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration of employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____ **Date**_____