



## **The Arc of the Shoals**

P.O. Box 501  
100 West Lamar Avenue  
Tuscumbia, Alabama 35674  
256-383-1472

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### **APPLICATION FOR EMPLOYMENT**

*The Arc of the Shoals is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ How were you referred to the Arc? \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: (optional) \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ] \* Note: If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over the age of 18? YES [ ] NO [ ]

Position Desired? \_\_\_\_\_

Preferred Shifts: (Record as the shifts are listed on the handout provided of shifts openings).

If hired, when would you be available for work? \_\_\_\_\_

Do you have relatives or friends who work for the company? YES [ ] NO [ ] If yes, who and where do they work? \_\_\_\_\_

Have you ever worked for this company before? YES [ ] NO [ ]

If yes, where? \_\_\_\_\_ When? (Give Dates) Start \_\_\_\_\_ - End \_\_\_\_\_ Position \_\_\_\_\_

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Name: \_\_\_\_\_ Date \_\_\_\_\_

**Educational Record:**

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: \_\_\_\_ YES \_\_\_\_ NO GED \_\_\_\_ YES \_\_\_\_ NO

High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

College and/or Vocational School:	City/State	Number of Years Completed (circle one)	Major	Degree Earned
		1 2 3 4		
		1 2 3 4		
		1 2 3 4		

**PROFESSIONAL LICENSE OR MEMBERSHIP:** (Omit any which reflects race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Type of License(s) Held \_\_\_\_\_

State and License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other professional Membership? \_\_\_\_\_

In what studies did you excel? \_\_\_\_\_

**List other training or degrees included in your education which are relevant to the duties of the position applied for:**

Subject	Semester Hours
_____	_____
_____	_____
_____	_____

Other Acquired Skills: Typing \_\_\_\_\_ WPM Data Entry \_\_\_\_\_ Excel/Other program \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

References: List three reliable person, not relatives or employers, who know you well enough to give information about you.

Full Name and Address	Telephone Number(s)	Occupation or Relation

Employment Record: Beginning with your present, or most recent employment, list in reverse order periods of employment including U.S. Military Service. Give complete information especially about what kind or experience.

Name of Firm	Address	Telephone
Start Date/End Date	Beginning /Ending Salary	Supervisor
Type of Business	Your Position and Duties	
Reason for Leaving		

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Type of Business	Your Position and Duties	
Reason for Leaving		

Name: \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently employed? YES [ ] NO [ ] If yes, may we contact your present employer? YES [ ]  
No [ ] If presently employed why are you considering leaving? \_\_\_\_\_

\_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES [ ] NO [ ]

Do you have a current and valid driver license? YES [ ] NO [ ]

If yes, list state \_\_\_\_\_

*Achieve with us.*



Name: \_\_\_\_\_ Date \_\_\_\_\_

**THE ARC OF THE SHOALS**  
**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**Certificate and Agreement of Applicant**  
**(Please Read Carefully)**

This Corporation is an equal employment opportunity employer:

1. I certify that all of the information provided by me and the application is true and correct. I further understand that false or misleading statements, or omissions of any kind in the application, or other forms, will result in the rejection of the application, or if such false statements or omissions are discovered after employment, employment will be terminated.
2. I agree, understand and authorize the Arc or its agents may investigate my background to verify any and all information provided by me. I authorize the persons or organizations referenced in this application to give the Arc any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release such parties from all liability for any damages that may result from furnishing such information to the Arc. I understand that as directed by company policy and consistent with job described, you may be requesting information from public and private sources about my workers' compensation, injuries, and court records.
3. I authorize, without reservation, any law enforcement agencies, institutions, information service bureau, school, employer, reference or insurance company contacted by EPSCO or its agent, to furnish the information described above. I also authorized EPSCO to examine any and all criminal records and arrest on file in the counties in any state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.
4. Medical and workers' compensation information will only be requested in compliance with the Federal American Disability Act (ADA) and/or other applicable state laws. I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
5. I also agree and understand under the Fair Credit Reporting Act I have been told that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics and mode of living. If any such investigation results in denial of employment, I shall be so advised, the Arc shall supply the name and address of the consumer reporting agency making the investigative report, and I will be given an opportunity to correct any misinformation contained in such report.
6. I agree to furnish such additional information and complete such examination (including physical examination if needed for injuries on the job, periodic test for controlled substance and/or alcohol) as may be required by the Arc. I further understand, and agree, that anything I bring onto, or take from, the Arc's premises, including my vehicle is subject to be searched by the Arc at any time for contraband or controlled substance.
7. If employed, I agree and understand that my employment is for no definite duration and may be terminated at will by either the Arc or me. Additionally, the Employment Handbook, or any other statement of Arc policy, is not a contract, cannot be construed as a contract, and cannot create a contract of employment of any kind. I agree and understand that no employee of the Arc has the authority to establish a contract of employment with me.
8. I agree and understand that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm, or corporation any information concerning the individuals (consumers/clients/residents) of the Arc. I understand that I may be asked to sign a confidentially agreement consistent with this paragraph as a condition of employment.
9. By signing this disclosure, I hereby authorize The Arc of the Shoals and/or its insurance agent to obtain such reports about me from time to time, as deemed appropriate, to evaluate my insurability, or other permissible purposes, and to share such information with the other

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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