



# SHARE Foundation

*Building a Healthier Community*

We are a drug and alcohol free work place

## Employment Application

Please PRINT except for SIGNATURE

Applicant Information			
Last Name:		First Name:	
Middle Initial:		Date:	
Street Address:			Apartment/Unit #
City:	State:		Zip Code:
Phone Number: ( )-		Cell Phone: ( )-	Email:
Employment desired: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full Or Part Time			
How many hours can you work weekly?		Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days Available to work: <input type="checkbox"/> No Preference <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat			
Date Available:	Social Security No. - - -		Desired Salary \$
Position Applied for: _____		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when? _____	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please Explain: _____			
Education			
High School:		Address:	
From:	to	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		Address:	
From:	to	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree?
Other:		Address:	
From:	to	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree?

## Special Skills

Please indicate any computer skills you have by checking all that apply:

Word  Excel  Access  Publisher  Power Point  Email

List any other computer software or programs that you are proficient in :

Please list any professional or technical certifications that you have:

Do you have any other special skills?

## References

List three **previous supervisors** that we may contact for professional references:

Supervisor : Company:

Phone # : Address:

Supervisor : Company:

Phone # : Address:

Supervisor : Company:

Phone # : Address:

List any other references here:

*(additional references can be attached separately)*

Full Name: Relationship:

Phone:

Full Name: Relationship:

Phone:

## Previous Employment

Provide information on you last three positions. Additional work history may be provided on a separately

Company: Phone :

Address : City: State:

Supervisor: Job Title :

Job Duties: Reason for leaving:

From: To: Ending pay rate:

Company: Phone :

Address : City: State:

Supervisor: Job Title :

Job Duties: Reason for leaving:

From: To: Ending pay rate:

Company:			Phone :		
Address :		City:	State:		
Supervisor:			Job Title :		
Job Duties:			Reason for leaving:		
From:	To:	Ending pay rate:			

**PLEASE READ CAREFULLY**

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by SHARE Foundation (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 SHARE Foundation, 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/Chief Operating Officer of the Company. Both the undersigned and SHARE Foundation 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 its 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 understand that, in connection with the routine processing of my employment application, the company may request from a law enforcement agency an investigation of my criminal history. I hereby give the Company permission to contact schools, previous employers/supervisors, references, licensing boards/certifying agencies and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1)The Company has a drug and alcohol policy that provides for pre-employment testing. All job applicants (post-offer, pre-placement) at the Company will undergo testing for substance abuse as a condition of employment. Any applicant with a confirmed and verified positive test result will be denied employment. Once an offer of employment has been made and accepted, applicants will be required to submit voluntarily to a urinalysis test to be collected at a site chosen by the company and submitted to a certified testing laboratory, and by signing a consent agreement will release the Company from liability (2) continued employment is based on the successful passing of any further testing after employment under such policy.

*I certify that my answers are true and complete to the best of my knowledge.*

If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**SHARE Foundation does not discriminate on the basis of race, sex, color, religion, national origin, handicap or age in admission or access to or treatment or employment in its programs or activities. Linda D. Stringfellow, President/COO of SHARE, has been designated to coordinate efforts to comply with the Americans with Disabilities Act of 1991, which prohibits discrimination on the basis of handicap.**

**Thank you for completing this application and for your interest in SHARE Foundation.**