



The Aliveness Project

Application for Employment

GENERAL INFORMATION:

Date: _____

1. Position for which you are applying: _____
2. Indicate source from which you learned of this position. _____
3. Your Name: _____
4. Soc. Sec. Number ____ - ____ - ____
5. Address _____

6. Telephone: Home: (____) ____ - ____ Work: (____) ____ - ____
7. E-mail address: _____
8. Are you currently legally authorized to work in the USA? YES ____ NO ____
9. Have you ever applied to work here or been employed here before? YES ____ NO ____
10. If yes, state when you were employed. From _____ to _____
11. On what date would you be available for work? _____

12. EDUCATION: *Please complete educational information related to the position for which you are applying.*

Level	Name of School	Address	Did you graduate?	Degree
High School				
Trade or Technical				
College				
Post-Graduate				

13. List any special skills you may have: _____
14. What office machines/computer skills do you operate/possess?



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15. EMPLOYMENT HISTORY:

In the space below, please print your employment history beginning with your present employer and list all positions held, including military, part-time, summer and any periods of unemployment. AN EXPLANATION OF ANY PERIODS OF UNEMPLOYMENT MUST BE INCLUDED. If more space is required, please attach an additional sheet using the same format.

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ BEGINNING PAY _____ ENDING _____

FROM _____ TO _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT? _____ PHONE NUMBER _____

BRIEFLY DESCRIBE YOUR POSITION AND DUTIES _____

REASON(S) YOU LEFT _____



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16. REFERENCES:

List three persons not related to you who have not been listed in the Employment History section who can comment on your education and/or work experience.

FULL NAME	ADDRESS	OCCUPATION	TELEPHONE
			Work: Home:
			Work: Home:
			Work: Home:

17. OTHER DATA:

Please indicate the minimum pay you would accept: \$ _____

18. ADDITIONAL COMMENTS:

Write in the left column the question number to which additional information and comments apply:

QUESTION NUMBER SUPPORTING COMMENTS

AGREEMENT

The Aliveness Project provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, disability, or any other basis protected by state or federal law. This policy of equal opportunities also applies to other terms and conditions of employment. This includes, but is not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

"I agree, if employed, to observe the rules and ethical standards of The Aliveness Project and its Bylaws to perform satisfactorily whatever duties may be assigned to me. I understand that final acceptance and continuance of my employment is dependent upon acceptable replies from references and other background checks that may be required."

"By my signature below, I confirm that I have not withheld any information requested and that the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts on this application is sufficient cause for dismissal. I also authorize The Aliveness Project to verify statements made on this application by investigation as deemed advisable."

"I understand that nothing contained in this employment application or in The Aliveness Project's human resources policies or in the granting of an interview is intended to create an employment contract between The Aliveness Project and myself either for employment or for providing benefits. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate employment at any time and The Aliveness Project retains a similar right."

"Company policies and rules are subject to change at any time, at the company's sole discretion."

SIGNATURE OF APPLICANT: _____ **DATE:** _____

This application will become inactive ninety (90) days after the date of receipt.



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19. BACKGROUND INVESTIGATION: COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: ____/____/____ (Month/Date/Year)

Driver License # _____ State _____

Social Security # ____/____/____

Other Names Used & Date Changed _____
(Including Maiden Name) (Year changed)

Professional License(s): _____

Licensure State(s): _____ Type(s): _____ Number(s): _____

Residence Addresses For The Past 7 Years: (attach additional sheets, if necessary)

Street Address City, State & Zip Code County From Month/Year To Month/Year

I hereby authorize The Aliveness Project and/or The McDowell Agency, Inc. and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature of Applicant _____ Date ____/____/____

Do you wish to receive a copy of your consumer report? Yes ____ No ____