**Applicant Information:** **Please read the directions and complete all required information.**

**APPLICATION
FOR EMPLOYMENT**

|  |  |
| --- | --- |
| Last Name: First: M.I. | Date: |
| Mailing Address: City State Zip  |
| Permanent Address: City State Zip  |
| Phone Number: | Cell Phone: | Email: |
| Position Applying For: | Date Available: | Social Security Number: |
| Location Applying For: \_\_\_Columbus \_\_\_Thomaston \_\_\_Barnesville Are you willing to work in home, schools, and in center? \_\_\_Yes\_\_\_No If required, can you work the following: Rotating Shifts: \_\_\_Yes\_\_\_No Weekends:\_\_\_Yes\_\_\_No Overtime: \_\_\_Yes\_\_\_No  |
| How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Do you have any relatives employed with ZÖe Center for ABA and Development Services? |  |  |
| Are you at least 18 years old? |  |  |
| Do you have reliable transportation to and from work? |  |  |
| Are you legally eligible to work in the United States? |  |  |
| Have you ever been convicted, plead guilty or pled no contest to a crime in the past 10 years? (excluding misdemeanors and traffic violations, and any offenses that has not been annulled or expunged by a court of law) If you answered Yes , Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Answering yes, does not mean rejection of employment. Date, seriousness of the offense, rehabilitation, and position applied for will be taken in consideration. |  |  |
| Are you or have you ever been a registered sex offender with any federal, state, or local government agency, including listed on a public website? |  |  |

**Education/Certifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Of School (City, State) | Dates | Did you graduate | Degree/Certification Obtained |
| High School/GED: |  |  |  |
| College: |  |  |  |
| Trade School: |  |  |  |
| Other: |  |  |  |
| Professional License: |  |  |  |

**Employment History: Please list most recent employer first and explain all Gaps of Employment for past 5 years**

|  |  |  |
| --- | --- | --- |
| Company Name | Address: | Phone Number: |
| Dates of Employment: From \_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_ Month/Year Month/Year | Position Held: | Previous Salary: |
| Name/Title of Supervisor: | May we contact this employer?Yes or No | Reason for Leaving: |
| List Job Responsibilities and Skills in this Position: |
| Company Name | Address: | Phone Number: |
| Dates of Employment: From \_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_ Month/Year Month/Year | Position Held: | Previous Salary: |
| Name/Title of Supervisor: | May we contact this employer?Yes or No | Reason for Leaving: |
| List Job Responsibilities and Skills in this Position: |
| Company Name | Address: | Phone Number: |
| Dates of Employment: From \_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_ Month/Year Month/Year | Position Held: | Previous Salary: |
| Name/Title of Supervisor: | May we contact this employer?Yes or No | Reason for Leaving: |
| List Job Responsibilities and Skills in this Position: |
| Company Name | Address: | Phone Number: |
| Dates of Employment: From \_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_ Month/Year Month/Year | Position Held: | Previous Salary: |
| Name/Title of Supervisor: | May we contact this employer?Yes or No | Reason for Leaving: |
| List Job Responsibilities and Skills in this Position: |

Please explain any gaps of employment in the past 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Service:**

|  |  |  |  |
| --- | --- | --- | --- |
| Branch of Service: | Date Entered: | Discharge Date: | Rank: |

**Professional References: Please fill out all 3 professional references.**

|  |  |
| --- | --- |
| Name of Reference: | Company/Title: |
| Address | Email: |
| Phone | Alternate Phone: |
| How many years have you known? |
| Name of Reference: | Company/Title: |
| Address | Email: |
| Phone | Alternate Phone: |
| How many years have you known? |
| Name of Reference: | Company/Title: |
| Address | Email: |
| Phone | Alternate Phone: |
| How many years have you known? |

**Personal References: Please do not list family members**

|  |  |
| --- | --- |
| Name of Reference: | Relationship: |
| Address | Email: |
| Phone | Alternate Phone: |
| How many years have you known? |
| Name of Reference: | Relationship: |
| Address | Email: |
| Phone | Alternate Phone: |
| How many years have you known? |

**Applicant’s Certification:**

**PLEASE READ CAREFULLY**

ZÖe Center for ABA and Development Services is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees who are considered for hire, promotion, and job status without regard to race, color, religion, creed, sex, marital status, age, physical or mental disability.

I certify that all the information contained in this application is correct and true to the best of my knowledge. I understand that any false information, misstatements, or omissions may result in denial of employment or discharge.

I authorize the references listed above to give you any and all information concerning my previous or current employment and work performance. I release ZÖe Center for ABA and Development Services from any and all liability, at any time that could result from obtaining and having employment decision based on such information.

I understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall constitute the terms of implied employment contract.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Reference Check Authorization**

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

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ position with ZÖe Center for ABA and Development Services and has listed you as a reference, we are requesting verification of information. Thank you for your assistance, and return information is listed below.

Authorization:

I hereby release all information concerning verification of work performance, job roles and character.

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE FILLED OUT BY REFERENCE:**

Your Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s reason for Leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return via email, fax, or call

Illona Johnson

Human Resource Manager

3031 Williams Road

Columbus, GA 31909

(706) 221-7139

FAX (706) 221-7089

Email: ijohnson@zoepeds.com



**Reference Check Authorization**

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

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ position with ZÖe Center for ABA and Development Services and has listed you as a reference, we are requesting verification of information. Thank you for your assistance, and return information is listed below.

Authorization:

I hereby release all information concerning verification of work performance, job roles and character.

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE FILLED OUT BY REFERENCE:**

Your Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s reason for Leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reference Check Authorization**

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

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ position with ZÖe Center for ABA and Development Services and has listed you as a reference, we are requesting verification of information. Thank you for your assistance, and return information is listed below.

Authorization:

I hereby release all information concerning verification of work performance, job roles and character.

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE FILLED OUT BY REFERENCE:**

Your Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s reason for Leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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