

Paul Phillippe Resource Center Application for Employment

The Paul Phillippe Resource Center is an Equal Opportunity Employer and it is our policy to consider all applications without regard to age, race, religion, color, sex, national origin, ancestry, veteran's status, or disability.

PERSONAL

Name: _____
Street Address: _____
City: _____ State: _____
ZIP: _____ Social Security # _____
Home Phone: _____
Business Phone: _____
Cell Phone: _____

Date: _____

POSITION DESIRED-Title and Department

Have you ever applied for employment with the Paul Phillippe Resource Center?
Yes _____ No _____ If yes, when : _____

When will you be available to begin work? Date: _____

Are you available to work overtime? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Note: You will be required to provide proof of your eligibility for employment in the United States

Special Certification, CPR, Medical, Defensive Driving, First Aid, etc.
Certificates _____ Expiration Date _____

1. _____
2. _____
3. _____

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____

Supervisor: _____ May we contact? _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____

Supervisor: _____ May we contact? _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____

Supervisor: _____ May we contact? _____

Duties and Responsibilities: _____

Reason for Leaving: _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years acquainted

PERSONAL ACCIDENT REPORT-Only fill out if applying for a driving position

	Date	Nature of Accident (head-on, rear-end)	Were You at fault?	Fatalities	Injuries	Property Damage
1.						
2.						
3.						
4.						

Accident Convictions (Moving Violations Only) for past 5 years

	Date	Infraction	Penalty	Location
1.				
2.				
3.				
4.				

Do you have any license Restrictions? Yes No

Were you ever denied a license, permit or privilege to operate a motor vehicle?

Yes No Explain:

Has any license, permit or privilege ever been suspended or revoked?

Yes No Explain:

Applicant Authorization

It is my understanding that the Paul Phillippe Resource Center will make a thorough investigation of the following:

1. My work history provided on this application;
2. My educational record on this application;
3. My criminal history record (if required); and
4. Any other information provided in the application or during the interview.

In connection with this employment process, I authorize all corporations, companies, educational institutes, persons, law enforcement agencies, former employers, military services, and any other governmental entities to release information they may have about me to the Paul Phillippe Resource Center upon receipt of this authorization and release them from any liability or responsibility from doing so. A copy of this application shall be as valid as the original for the purpose of this authorization.

Furthermore, I authorize the procurement of a criminal history record and driving records. I understand this authorization will also apply to any further updated reports that may be requested. I understand that falsification of any information or deliberate omission of facts on my application may be justification for refusal of, or if employed, termination from employment.

If I am required to have access to a center vehicle, verification will be needed that I have a valid driver's license and satisfactory driving record. If I am required to use my personal vehicle, I will also maintain automobile coverage that meets the requirements of Paul Phillippe Resource Center's insurance carrier.

I consent to provide a pre-hire drug test and randomly thereafter if it is a requirement of the position I am offered. As part of the Paul Phillippe Resource Center's Drug Free Workplace policy, I authorize the center to obtain test results and any hospital records that would indicate whether there were drugs or alcohol in my system at the time of the accident involving injury to me or anyone else or causing damage in excess of \$250.00 while I am driving a center vehicle on Paul Phillippe Resource Center business.

I understand that nothing contained in this application or in granting an interview is intended to create an employment contract and that no promises regarding employment at Paul Phillippe Resource Center have been made to me. I further understand that any offer of employment can only be made in writing approved by the Executive Director of the Paul Phillippe Resource Center. I understand that if employed by Paul Phillippe Resource Center, my employment will be "at will" and both Paul Phillippe Resource Center and I can terminate my employment with Paul Phillippe Resource Center at any time, for any reason, without notice.

I have read and understand the above.

Date: _____

Printed Name

Signature

TO ALL APPLICANTS:

We welcome your interest in joining Paul Phillippe Resource Center. Our mission is to foster a better quality of life for individuals, families and communities. To carry out this mission, we need to take appropriate measures to employ the most qualified persons. In order to do so we take the following steps:

- Obtain verbal and written references from past employers.
- Obtain a criminal history record checks as needed – please provide a social security number and date of birth for this purpose only:

Social Security Number _____ **Date of Birth** _____

- Obtain verification of degrees and licenses, including driving records and insurance coverage, as needed.
- Require Paul Phillippe Resource Center Van Drivers to undergo a physical exam every two years.

Please sign this form to indicate your understanding and agreement to comply or provide needed information. This does not constitute an offer of employment. We appreciate your completing the employment application as completely and thoroughly as you can.

Once again, we welcome your interest in our organization.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, state agency or local agency, personal reference, and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, character, and employment (including reasons for termination).

Name: _____ **Date:** _____
(Signature)

Name: _____ **Date:** _____
(Printed Name)

REQUEST FOR REFERENCE INFORMATION
PAUL PHILLIPPE RESOURCE CENTER
 401 West Walnut Street
 Frankfort, IN 46041

Reference Sent To:

APPLICANT SECTION

Applicant's Name: _____
 Address: _____
 Position Applied For: _____ Social Security #: _____

I hereby authorize the release of information to Paul Phillippe Resource Center, Inc., regarding my work performance and workplace conduct, as well as information to my character, general reputation, and personal characteristics and release the company/person(s) completing this form from all liability for any damages whatsoever for issuing such information.

Applicant's Signature: _____ Date: _____

The person named in the Applicant Section above has applied for employment with us. Please complete the appropriate section and return to us as soon as possible. Thank You.

EMPLOYER SECTION

Please complete if the applicant was your employee only.

Employer: _____ Dates of Employment From: _____ To: _____
 Position(s) Held: _____ Is the completed information correct? Yes No
 If no, please state discrepancies: _____

Please rate the applicant's work performance:

	Above Average	Average	Below Average		Above Average	Average	Below Average
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for separation of employment?	_____						

Would you re-hire? Yes No If no, please explain: _____

Signature: _____ Title: _____ Date: _____

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well
 Years known applicant: _____ Relationship to applicant: _____

Have you had any knowledge of the applicant in the last 12 months? Yes No
 Please rate the applicant on the following:

	Above Average	Average	Below Average	No Knowledge
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature: _____ Date: _____