**Uplift Support Services, LLC**

**Application for Employment**

**Thank you for your interest in employment with Uplift Support Services, LLC. Please read the following instructions carefully before submitting your employment application.**

***Any misrepresentation in this application and/or attachments may cause your application to be rejected, your name to be removed from the eligible register and/or subject you to dismissal.***

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| **GENERAL INFORMATION** |

**Please read the minimum requirements for the job in which you are interested.**

**Apply for positions only if you meet the minimum qualifications for the job. We cannot waive requirements.**

**Please type or print application in black ink.**

**Remember to sign and date your employment application.**

**Provide accurate and complete application information regarding employment, education, criminal history, etc.**

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| **EDUCATION RELATED INFORMATION** |

**Educational requirements are met only through accredited institutions. The institutions must be accredited by an agency recognized by the United States Department of Education. Foreign degrees must be converted.**

**Diplomas, degrees, professional licenses, certifications and similar documents are required with employment application. It is best to provide original transcripts in case specific courses are needed. It is also beneficial to bring certificates and diplomas for short courses completed, such as software, leadership courses, etc.**

**If your college diploma does not specify what your major field of study was, please submit an official transcript.**

**Even if you did not complete college, it is still beneficial to submit an official transcript of completed courses.**

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| **EMPLOYMENT RELATED INFORMATION** |

**Work history information is used to determine whether you qualify for the job for which you are applying. You should fill out all blocks for each job listed.**

**List all periods of employment, beginning with your present or most recent employer and working backward.**

**It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable.**

**If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.**

**Also, describe in detail the specific duties beginning with your primary duties.**

**Where you have held supervisory positions, titles of people supervised, not just the number of people, should be indicated.**

**For volunteer work, complete all applicable information and submit a letter on the organization’s letterhead specifying the nature of the work, average number of hours worked per week and the beginning and ending dates.**

**Please do not use abbreviations or initials when describing your duties or listing your job title.**

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| **POSITION FOR WHICH**  **YOU ARE APPLYING:** | |  | | | | | | | | | | | | | | | | | | |
| Check **all** that you may be interested in:  Full-Time  Part-Time  Other: | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | | | | Middle Name | | | | | | Maiden Name | | |
| Mailing Address | | | | | | | | | | | | | City | | | | State | | | Zip |
| Mobile Telephone No. | | | | | | Home Telephone No. | | | | | | | | E-Mail Address | | | | | | |
| Date of Birth | Social Security Number | | | | | | | | Driver’s License # | | | | | | State | | | | Expiration Date | |
| Have you ever been convicted of a misdemeanor or felony since your 18th birthday?  If you answered yes, please complete the following: (A conviction is not an automatic bar to employment. Each case is considered on its individual merits).  *Nature of Offense*  *Location of Court Date of Conviction* | | | | | | | | | | | | | | | | | **(Inaccurate information will result in disqualification.)**  Yes  No | | | |
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| Are any of your educational or employment records found under a different last name?  If yes, please provide *previous last name:* | | | | | | | | | | | | | | | | | Yes  No | | | |
| Are you a former employee of Uplift Support Services, LLC?  If yes please provide:  *Last Date(s) of Employment* *Position Title/Location* | | | | | | | | | | | | | | | | | Yes  No | | | |
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| Have you ever been discharged or forced to resign from any position?  If yes, please provide:  *Employer* *Date Reason* | | | | | | | | | | | | | | | | | Yes  No | | | |
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| Do you have any relatives working for Uplift Support Services, LLC?  If yes, please complete the following:  (Continue listing relatives on a separate page, if necessary)  *Name Relationship Location* | | | | | | | | | | | | | | | | | Yes  No | | | |
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| If hired, are you authorized to work in the United States? For noncitizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted. | | | | | | | | | | | | | | | | | Yes  No | | | |
| **Professional References** | | | | | | | | | | | | | | | | | | | | |
| Name/ Relationship | | | | | | | | Address | | | | | | | | Telephone Number | | | | |
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| EDUCATION AND TRAINING | | | | | | | | | | | | | | | | |
| **ELEMENTARY AND HIGH SCHOOL EDUCATION** | | | | | | | | | | | | | | | | |
| Highest Grade Completed:  1 2 3 4 5 6  7 8 9 10 11 12 | | | | Did you graduate from high school or obtain a GED?  YES  NO | | | | | | Last School Attended: | | | | | | |
| Name:  Location: | | | | | | |
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| **RELATED SPECIAL TRAINING (INCLUDE ARMED FORCES, TRADES, VOCATIONAL SCHOOLS, ETC.)** | | | | | | | | | | | | | | | | |
| Names and Locations of School | | | Dates Attended (Mo & Yr) | | | | Courses/Subjects Completed | | | | Credit Hours | | Diplomas/Certificates  Received | | | |
| From | | To | |
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| **COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)**  ***\*\*Must be from a recognized accredited school \*\**** | | | | | | | | | | | | | | | | |
| Names and Locations of School(s) | | | Dates Attended (Mo & Yr) | | | | Credit Hours | | | Type of Degree Earned | | Major | | | Minor | |
| From | | To | | Semester **OR** Quarter | | |
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| **RELATED LICENSES (provide current original license)** | | | | | | | | | | | | | | | | |
| Professional License Issued By | | | Field/Trade Specialization | | | | | License Number | | | | Issue Date | | | | Expiration Date |
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| **SKILLS** | | | | | | | | | | | | | | | | |
| PowerPoint  Word |  | Excel  Typing     wpm | | | | Other software | | | Languages spoken and written FLUENTLY | | | | | Sign Language | | |
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| **EMPLOYMENT HISTORY** | | | | | | |
| May we contact your present employer? YES  NO | | | | | | |
| **1** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |
| **2** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |
| **3** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |
| **4** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |
| **5** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |
| **6** | Start Date  month / day / year | End Date  month / day / year | | Employer/Company Name and Address **(city and state are required)** | | |
| Rate of Pay | | | Hours per Week | Name & Title of Immediate Supervisor | | Telephone Number |
| Title of Position Held | | | | | Number & Job Title of Employees you Supervised | |
| Indicate population served:  Mental Health  Substance Abuse  Developmental Disability  N/A  Children  Adults | | | | | | |
| Provide a detailed description of job responsibilities: | | | | | | |
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| Reason for leaving: | | | | | | |

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| **Conditions of employment** |

**(Please read this statement carefully before signing this application):**

I understand that any offer of employment is conditional, based on the successful completion of all pre-employment screenings.

I authorize Uplift Support Services, LLC to conduct a thorough background investigation of my work, education and personal history and to verify all data given on this application and during interviews. I hereby release Uplift Support Services, LLC, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. If conditionally offered employment, I authorize applicable physicians and medical establishments to release information to Uplift Support Services, LLC that may be necessary to determine my ability to perform the position I have been offered.

I understand that the use of illegal drugs and alcohol is prohibited during employment. If required, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I release Uplift Support Services, LLC from all liability for damage in receiving and acting upon the information it obtains.

I understand that, if employed, I must show the company documents prior to employment that I am authorized to work within the United States. I understand that failure to do so may result in withdrawal of the employment offer.

I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified. I understand that employment at Uplift Support Services, LLC is “at will”, which means that either the company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by state or federal laws.

I also understand that no representative of the company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Chief Executive Officer.

I understand that Uplift Support Services, LLC reserves the right, as compelled by business needs, to schedule employees or assign job duties, to include, but not limited to, evening, weekend, overnight, holiday, and overtime work, as well as assignments to other work sites.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and I understand that any falsification or willful omission shall be sufficient cause for refusal to hire or dismissal.

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| **By my signature, I certify acknowledgement and understanding of the above statements and I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand and agree that any material misrepresentation or omission of fact from my application will render this application void and may result in Uplift Support Services, LLC’ refusal to employ me, or if hired, termination of my employment.** | | | | |
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| **Printed Name** | | **Signature** | | **Date** |