

Employment Application

The Ability Center of Greater Toledo (ACT) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, genetic information, military or veteran status, or any other characteristic in accordance with applicable laws governing non-discrimination in employment in every location in which ACT has facilities.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Position Interest and Availability

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about this position?

ACT Website ACT Employee Online Site/Social Media: _____

Hours you are available to work: _____

General Information

Are you authorized to work in the U.S.? YES NO (If employed, ACT will require verification of eligibility.)

Have you ever worked for ACT? YES NO If yes, when? _____

Do you have any relatives or friends working at ACT? YES NO If yes, please specify: _____

Are you 18 years of age or older? YES NO If no, you may be required to provide authorization to work

Are you able to safely perform the essential functions of the position you are applying for? YES NO

Have you ever been convicted of a crime other than a traffic offense or other minor misdemeanors? YES NO If yes, it will not automatically result in exclusion.

If yes, please explain. _____

Office Skills (check all that apply)

MS Word MS Excel MS Access MS Outlook MS PowerPoint
 Copier/Printer InDesign Photoshop Acrobat PC Computer
 Other: _____

Employment History

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

From Date: _____ To Date: _____

Reason for Leaving _____

Summarize the nature of work performed, skills used or learned, advancements, or promotions while you worked at this company:

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

From Date: _____ To Date: _____

Reason for Leaving _____

Summarize the nature of work performed, skills used or learned, advancements, or promotions while you worked at this company:

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

From Date: _____ To Date: _____

Reason for Leaving _____

Summarize the nature of work performed, skills used or learned, advancements, or promotions while you worked at this company:

Have you ever been terminated from employment or asked to resign by an employer? ___ Yes ___ No

If yes, please provide company information and details.

Education				
Type of School	School Name	School City/State	Major/Degree	Years Completed
High School/GED				
Vocational/Tech School				
College/University				
Graduate School				
Other				

Licensure, Certifications, and/or Registrations (relevant to position)				
Document Name	Issued By	Number	Date Issued	Date Expires

References

Please list three professional references.

Name	Phone Number	Relationship

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant Acknowledgement

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 my employment being terminated. I understand that incomplete information could disqualify me from further consideration.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Ability Center (ACT) to hire me. If I am hired, ACT or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

I authorize ACT to verify the information I have provided including employment history, education, and references.

READ CAREFULLY BEFORE SIGNING: *I agree that any claim, charge, or lawsuit relating to my employment with The Ability Center, or the separation thereof, must be filed no more than six (6) months after the date of the adverse employment action that is the subject of the claim, charge, or lawsuit. I hereby waive any statute of limitations to the contrary.*

Signature: _____ Date: _____