



thePLACE

APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, sexual orientation, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Date of application _____

Position(s) applied for _____

How did you hear about us?

Advertisement Relative Inquiry
Employment agency Friend Other _____

Last Name	First Name		Middle Name	

Address	street	city	state	zip

Telephone Number	Cell Phone Number		Email Address	

Best time to contact you is ____:____ AM or PM Are you over 18 years old? _____

Have you filed an application with us before? _____ When? _____

Do any of your friends, or relatives work here? _____ Who? _____

Are you currently employed? _____ May we contact your current employer? _____

Do you now or will you in the future require Visa sponsorship to continue employment in the U.S.?
 Yes No

Proof of citizenship or immigration status will be required upon employment

Date available for work ____/____/____ Desired Salary Range _____

Are you available to work

Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoons Evenings)

Temporary (Please indicate dates ____-____-____ to ____-____-____)

Nights

Are you on "lay-off" and subject to recall? _____

Are you willing to travel if a job requires it? _____



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Education

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate Degree				
Graduate/Professional				
Other (Specify)				

Describe any specialized training, apprenticeship skills, and extra-curricular activities.

Describe any job-related training received in the United States Military.



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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.*

If you need additional space, please continue on a separate piece of paper.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, disability, or other protected status.



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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

References

1. _____ (_____) _____ Phone #
 _____ (Name)
 _____ (Address)
2. _____ (_____) _____ Phone #
 _____ (Name)
 _____ (Address)
3. _____ (_____) _____ Phone #
 _____ (Name)
 _____ (Address)



Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is (are) Open: YES NO

Position(s) Considered For: _____

Arrange Interview YES NO

Remarks _____

Employed YES NO

Date of Employment _____

Interviewer _____

Date _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
Name and Title _____ Date _____

CRIMINAL BACKGROUND CHECK

The Place is a licensed homeless youth shelter. As such, we are required to conduct background checks on employees including fingerprints. Conviction of a crime does not necessarily mean that you are not eligible for employment. The nature of the crime is the critical information.

*If you falsify the information you give here or in any other part of your employment application, The Place may terminate you for cause. Further, **Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.***

Please answer **all** questions completely.

1. Have you ever been convicted of a misdemeanor? Yes No
If yes, please give the dates, reason, and sentence.

2. Have you ever been convicted of a felony? Yes No
If yes, please give the dates, reason and sentence.

3. Have you ever been listed on the Child Abuse Register?
 Yes No If yes, please give dates and reason.

Print Name

Date

Signature

Acceptable Motor Vehicle Operator Record

Drivers of Motor Vehicles must meet the following criteria in addition to any other employment criteria utilized by this business:

DRIVER STANDARDS

1. Minimum age of 21.
2. For livery (child/client/etc...) transport minimum age is 25 except as defined below. Drivers between the ages of 21 and 25 will be considered so long as:
 - No driving of 15 passenger vans
 - Clean MVR provided to us prior to quoting
 - Valid Driver's License in effect for at least 3 years.
3. Acceptable MVR record. Acceptable defined as:
 - A. No major violations in past 5-years. Major violations include:
 1. DUI/DWI
 2. Reckless Driving
 3. Careless Driving
 4. Vehicular Homicide
 5. Leaving the Scene of an Accident
 6. School Zone violations
 7. Financial Responsibility (no insurance)
 - B. No more than:
 1. Two moving violations in past 3-years
 2. One moving violations and 1 at-fault accident in prior 3-years
 3. Two at-fault accidents in prior 3-years

*These guidelines are subject to individual account/driver exception(s) per underwriter discretion based on individual account peculiarities/situations.

In addition, a driver selection process is required consisting of the insured:

1. Obtaining an MVR on all new driver employees and annually on all driver employees thereafter.
2. Comparing MVR record to insured's driver qualifications standards and allowing drivers to drive based on MVR meeting written standards.

Additional recommended (not required) controls include:

1. For livery drivers the addition of a drug screen/testing program, both at time of hire and on a random but frequent basis thereafter, is also highly recommended but not compulsory.
2. On-going regularly scheduled documented driver safety instruction/meetings.
3. Use of documented pre and post trip safety checklist inspection with records maintained for minimum of 6-months.