



Employment Application

Please read each question carefully, using your tab key to navigate. Please do not leave any blanks.

APPLICANT INFORMATION			
Last Name		First Name	
		M.I.	Today's Date / /
Street Address		Apartment/Unit #	
		How did you hear about Bridges?	
City		State	ZIP
		Position Applying for	
Phone () -		E-mail Address	
		Interested in part-time or full-time hours?	
Driver's License #		State of Issue	Is your driver's license valid? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have current auto insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a reliable vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> Please note that the Direct and Community Support Specialist jobs often require an employee to use his/her own vehicle to transport consumers.	
Have you had any moving violations in the last three years? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you had any major violations in the last seven years? An example would be an at-fault auto accident. YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you willing to take a drug/alcohol test? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you been found guilty of abuse or neglect on another person? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been convicted of a crime in the past seven years? * YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain in the lines below.			
Incident: _____ City/State: _____		Charge: _____	
Do you have a good cause waiver? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Incident: _____ City/State: _____		Charge: _____	
Do you have a good cause waiver? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you previously applied to Bridges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?			
Have you ever worked for Bridges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
EDUCATION			
Registered in Family Care Safety Registry: YES <input type="checkbox"/> Date / / NO <input type="checkbox"/>		CPR: YES <input type="checkbox"/> Date / / NO <input type="checkbox"/>	
Level 1 Medication Administration: YES <input type="checkbox"/> Date / / NO <input type="checkbox"/>		First Aid: YES <input type="checkbox"/> Date / / NO <input type="checkbox"/>	
Please list any other certificates, trainings, and credentials that may apply to the requirements of this position:			
High School		City	State
From To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College/Trade School		City	State
From To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College/Trade School		City	State
From To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT (Please list most recent employer first)								
Company				Phone () -				
Street Address				City		State	Zip Code	
Job Title			Name of Supervisor			Supervisor Job Title		
From	/ /	To	/ /	Responsibilities		Reason for Leaving		
Are you currently working for this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company				Phone () -				
Street Address				City		State	Zip Code	
Job Title			Name of Supervisor			Supervisor Job Title		
From	/ /	To	/ /	Responsibilities		Reason for Leaving		
Are you currently working for this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company				Phone () -				
Street Address				City		State	Zip Code	
Job Title			Name of Supervisor			Supervisor Job Title		
From	/ /	To	/ /	Responsibilities		Reason for Leaving		
Are you currently working for this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
MILITARY SERVICE								
Branch					From	/ /	To	/ /
Rank at Discharge			Type of Discharge			If other than honorable, explain		
AVAILABILITY								
Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, religious beliefs, and practice.								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Please list all times you are available								
Are you willing to work less than 8 hour shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>				Are you willing to work overnights? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you willing to work in any area assigned, including the city, county, and/or St. Charles County? YES <input type="checkbox"/> NO <input type="checkbox"/>				Are you willing to work double shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>				
REFERENCES								
Please list three professional references. Do not include relatives or name supervisors listed above.								
Full Name			Relationship			Years Known		
Company Name			Phone () -			Email		
Full Name			Relationship			Years Known		
Company Name			Phone () -			Email		
Full Name			Relationship			Years Known		
Company Name			Phone () -			Email		

RELEASE AND SIGNATURE

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract or guarantee of an interview. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an application from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the forgoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

RELEASE TO PREVIOUS EMPLOYERS

I, the undersigned, have applied for employment with Bridges Community Support Services and authorize previous employer(s) to verify employment data and to provide information concerning past performance under the provisions of the Privacy Act of 1974. All information is kept confidential. I hereby authorize to issue any information you may have regarding my services and character and do hereby unconditionally release your organization from all liability for any damage whatsoever which might result from furnishing same.

Digitally signed by Applicant*:
*Typing name constitutes a signature by applicant.

Today's Date
/ /

Your application will be kept for one year.

Bridges Community Support Services is an at-will employer.

Bridges Community Support Services is an equal opportunity employer.

Bridges Community Support Services will make every attempt at reasonable accommodation for employees of all abilities.

Bridges will make every effort to contact you within 10 business days of your application submission.

OFFICE USE ONLY

Phone Interview YES NO Date ___/___/___ EEO Form Collected YES NO Date ___/___/___

The following page is an optional form on this application and has absolutely no bearing on your employment opportunities. If you would like to voluntarily submit this information, please complete the form and digitally sign. Otherwise, please leave blank. **Again, the following is NOT a required form for employment application.**

**BRIDGES COMMUNITY SUPPORT SERVICES
EQUAL EMPLOYMENT OPPORTUNITY REPORTING CONFIDENTIAL
DATA REQUEST FORM**

Bridges Community Support Services is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information requested in this form will be used only in the compilation of data for Equal Employment Opportunity Commission reporting. Completion of the requested data will not affect any terms or conditions of employment.

Your Information

Name:

Position Title:

Gender Information

Please mark appropriate response.

- Male Female

Ethnicity Information

Please mark one description corresponding to the ethnic group with which you most identify.

- AMERICAN INDIAN or ALASKAN NATIVE (not of Hispanic origin)**
All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN or PACIFIC ISLANDER (not of Hispanic origin)**
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- BLACK (not of Hispanic origin)**
All persons having origins in any of the black racial groups of Africa.
- HISPANIC**
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
- WHITE (not of Hispanic origin)**
All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- TWO OR MORE RACES (not Hispanic or Latino)**
All persons who identify with more than one of the above races.

Digitally signed by Applicant*:

*Typing name constitutes a signature by applicant.

Today's Date / /