

**Employment Options, LLC**  
**Vocational, Residential, & Recreational Services**

**Application for Employment**

Employment Options, LLC is an Equal Opportunity Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:	Date of application:
Social Security Number:	Home Phone:	Cell Phone:	Other Phone:
Email Address:			
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any current Employment Options, LLC employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at EO? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) / <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to Graduate	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SKILLS:** Please list skills, experiences, or knowledge etc., relevant to this position.


**WORK EXPERIENCE**-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT complete this information with the notation “See Resume.”**

**PLEASE NOTE:** Employment Options, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title, and Phone #:		Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From:            To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title, and Phone #:		Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	

**PROFESIONAL REFERENCES**-Please detail any professional references that you feel are pertinent to this application.

**PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Employment Options, LLC reserves the right to contact all references listed

Name & Phone	Address-City-State	Relationship	Years Known

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Employment Options, LLC. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal, and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Employment Options, LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a state security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Employment Options, LLC. Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_