

APPLICATION NO. _____

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

NOTE: UNLESS HIRED WITHIN SIX (6) MONTHS, YOU NEED TO RE-APPLY

TO THE APPLICANT: The Indiana Resource Center for Families with Special Needs (IN*SOURCE) is an Equal Opportunity Employer. IN*SOURCE has endorsed without qualification the basic national policy of Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 on Equal Opportunity Employment and Affirmative Action. That policy states that all citizens are entitled to equal opportunities regardless of race, religion, color, age, sex, physical or mental handicap, or national origin in the employment, compensation, promotion, upgrading, training and development, demotion, transfer, lay-off, termination or rehire of personnel.

APPLICATION DATE: _____

PERSONAL DATA:

NAME: _____	
PRESENT ADDRESS: _____ _____	
HOME PHONE NUMBER: (____) _____	WORK PHONE NUMBER: (____) _____
REFERRED BY: _____	
TYPE OF EMPLOYMENT DESIRED:	(Please check) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
JOB(S) APPLIED FOR:	1. _____ 2. _____
DATE AVAILABLE FOR WORK: _____	
LIST PERSON(S) YOU KNOW WHO WORK FOR IN*SOURCE:	
1.	_____
2.	_____
3.	_____
4.	_____
IS THERE ANY REASON YOU MIGHT NOT BE ABLE TO PERFORM ALL DUTIES FOR THE POSITION FOR WHICH YOU HAVE APPLIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If "YES," describe and explain your work limitations: _____ _____	

DUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAM E AND ADDRESS	# YEARS ATTENDED	GRADUATED	COURSE OF STUDY
GRADE				
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUS./TRADE				
OTHER				

MILITARY SERVICE BACKGROUND:

Have you served in the Armed Forces? YES NO BRANCH: W hat were your duties (include special training): _____

W hat were your duties (include special training): _____

EMPLOYMENT RECORD: (List in order, last or present employer first)

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE W ORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE W ORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE WORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? (Please check) YES NO

If "NO," indicate which one(s) you do NOT wish us to contact. _____

PROFESSIONAL REFERENCES: (Please list individuals we may contact regarding professional references. Exclude INSOURCE employees or relatives.)

NAME: _____	TELEPHONE: _____
ADDRESS: _____	

NAME: _____	TELEPHONE: _____
ADDRESS: _____	

NAME: _____	TELEPHONE: _____
ADDRESS: _____	

OCCASIONALLY THE FORM OF AN APPLICATION MAKES IT DIFFICULT FOR THE APPLICANT TO ADEQUATELY SUMMARIZE HIS/HER COMPLETE BACKGROUND. YOU MAY USE THE SPACE BELOW TO SUMMARIZE ANY ADDED INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS. SPECIFICALLY, WHY DO YOU THINK YOU ARE WELL-SUITED TO WORK WITH INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES IN THE JOB FOR WHICH YOU ARE APPLYING?

PLEASE READ CAREFULLY: FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

APPLICANT'S AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize IN*SOURCE to check references that I have listed on my application/resumé. The reference will be able to release information they may have on record or otherwise concerning me. I hereby release the reference (individual, company or institution, and all individuals connected therewith) from any and all liability from damage that may be incurred in furnishing such information. I further release IN*SOURCE from any and all liability from damage that may be incurred in the receipt of the reference information.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between IN*SOURCE and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon IN*SOURCE unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that IN*SOURCE retains a similar right.

I acknowledge that I have read the above statement and understand the same.

SIGNATURE

DATE

INDIANA RESOURCE CENTER FOR FAMILIES WITH SPECIAL NEEDS 1703
SOUTH IRONWOOD
SOUTH BEND, INDIANA 46613
(219) 234-7101

4. What motivated you to be in the special education field?

5. Describe your experience with special needs adults/children or Article 7.

6. Have you ever been a volunteer for IN*SOURCE?

INSOURCE

Criminal History Background Check Release

Applicant Information:

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip Code

List former names used (Maiden, Nicknames, etc): _____

Social Security #: _____ Driver's License: State and #: _____

Ethnicity: Black (not Hispanic) White (not Hispanic) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Gender: Male Female Date of Birth (MM/DD/YY): _____

Residency Information:

List all residency information since the age of 18.

From (MM/YY)	To (MM/YY)	Street Address	City and State	County

In connection with my employment the company, I hereby authorize the company to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I agree to release and hold harmless the company, its representatives, its agents, its associates and the specified background check providers from any and all liability and damages resulting or arising from the background check, or in connection with any action taken by the company in reliance upon the information, or from the release of the results of any such background information. I also give my consent to release the background information and other related information to the company, its representatives, its agents, its associates and the specified background providers.

Signature: _____ Date: _____

Background Check: Authorization and Release of Motor Vehicle Records

IN*SOURCE

I understand that driving a Company vehicle is a requirement of the position I am being considered for at IN*SOURCE (“the Company”) and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Company to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Company vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one. I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent. I agree to release the Company, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., “Federal Drivers Privacy Protection Act” and the federal Fair Credit Reporting Act (FCRA) and is intended to constitute “written consent” as required by these two Acts.

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Drivers' License Number: _____ State: _____

Signature: _____ Date: _____