



Employment Application: Pre-Employment Questions
Equal Opportunity Employer
Audrain Developmental Disability Services (ADDs)

PERSONAL INFORMATION			
LAST NAME, FIRST AND MI		SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
BEST PHONE NO.	ALTERNATE PHONE NO.	REFERRED BY	

POSITION DESIRED		
POSITION DESIRED	POTENTIAL START DATE	SALARY DESIRED
CURRENTLY EMPLOYED?		IF YES, MAY WE CONTACT PRESENT EMPLOYER?
EVER APPLIED W/ADDs BEFORE?		IF YES, POSITION? DATE

EDUCATION				
TYPE	NAME & LOCATION	DATES	DEGREE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, OTHER				

MISCELLANEOUS INFORMATION	
SPECIAL TRAINING, SKILLS, STUDIES OR RESEARCH WORK	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST YOUR LAST FOUR EMPLOYERS, START WITH LAST ONE FIRST)				
DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (PLEASE PROVIDE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM HAVE KNOWN YOU AT LEAST ONE YEAR)
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NAME	TELEPHONE AND ADDRESS	YEARS KNOWN	BUSINESS

AUTHORIZATION

"I certify that the facts contained in this application are true and complete, and I understand that, if employed, falsified statements on this application are grounds for dismissal.

I authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release ADDS from liability for any damage that may result from utilization of such information.

I also agree and understand that no representative of ADDS has any authorization to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized ADDS representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a criminal records check may be necessary prior to my employment. If such report is required, I understand that, in compliance with federal law, ADDS will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to this report. I also understand that a conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States.

Signature

Date

-----Do Not Write Below This Line-----

Interviewer

Title

Date

COMMENTS			
Hired?	Program	Start Date	Salary/Wages
Program Manager		QA	Executive Director