

ORION APPLICATION FOR EMPLOYMENT

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

PLEASE PRINT

Last Name	First Name	Middle
Address: Number	Street	City St Zip
Telephone Number (s)	Valid Driver's License? ___ Yes ___ No	Social Security Number / /
Referral Source—How did you hear about us? ___ Advertisement ___ Friend ___ Walk-In ___ College Placement Office ___ Relative <i>Please name</i> _____		
Position Applied For:		Date of Application

If you are under 18 years of age can you provide required proof of your eligibility to work? ___ Y ___ N

Have you been employed with us before? ___ Y ___ N

If yes, give final Month/Year: _____

Are you currently employed? ___ Y ___ N

If yes, may we contact your employer? ___ Y ___ N

Are you prevented from lawfully becoming employed in this country because of Visa
or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* ___ Y ___ N

On what date would you be available for work? _____

Are you available to work: ___ Full time ___ Part time ___ Shift work ___ Seasonal work

Please help us understand what hours you could work. In the section below, please place an "X" in each box which represents a period of time when you **WOULD NOT** be willing to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

Please List Education OR Attach Resume

	Name and Address of School	Course of Study or Major	Years Completed	Diploma, Degree Earned
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

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

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Describe any training received in the United States Military.

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

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

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OTHER QUALIFICATIONS

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

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Your Employment History

List names of employers with present or last employer listed first.

Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

Please use additional paper if necessary.

Personal References

Please indicate three people not included as employers and who are not related to you.

Name: _____ Occupation: _____

Address: _____ Phone: (_____) _____

Name: _____ Occupation: _____

Address: _____ Phone: (_____) _____

Name: _____ Occupation: _____

Address: _____ Phone: (_____) _____

ORION APPLICATION POLICY

This application for employment will be considered active for a period of not less than sixty days, or until withdrawn by the applicant, or at such time as the applicant is determined not eligible for employment at Orion.

Orion welcomes your resume, transcript of college classes, reference letters, and any additional employment information which you believe might further clarify your qualifications for employment with us.

Orion Family Services, Inc., has a zero tolerance policy for the abuse and/or maltreatment of children. Employees are prohibited from abusing or mistreating children verbally, physically or sexually. Employees are prohibited from using corporal punishment, ill treatment, harsh and/or humiliating treatment, or from any sexual contact with current or past clients at any time.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this Orion Application for Employment as may be necessary in arriving at an employment decision.

In the event of employment at Orion, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that employment at Orion would require me to abide by the rules and regulations of the employer.

Signature of Applicant

Date