

Silver River Mentoring and Instruction, Inc.
EMPLOYMENT APPLICATION

Applicants will be considered for all positions without regard to race, religion, color, sex, age, national origin, disability, marital or veteran status, or any other legally protected status. Please print legibly in ink.

Last Name	First Name	Middle Name	Date
Street Address			Home Phone
City, State, Zip Code		Cell Phone	Social Security #

Are you eligible to work in the United States? Yes _____ No _____ <i>Proof of eligibility will be required before you can be employed.</i>	Are you 18 years of age or older? Yes _____ No _____
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List previous place(s) of residence during the last five years (Use additional sheet(s) if necessary)

<i>Street Address</i>	<i>City</i>	<i>State & Zip</i>	<i>Dates</i>

Education and Training	Major Course	Years Attended	Grad. Yes/No Degree/Diploma
School Name & Location			
High School			
Business or Technical			
College			
Graduate			

General Information
Are you related to any employee of this company? Yes _____ No _____
Relationship _____ Name _____

An Equal Opportunity Employer, Drug Free Workplace

Employment History for the Past Seven (7) Years. Use additional sheet(s) if necessary.

Name of Company	Employed From/To	Monthly Pay Start/End	Supervisor Name/Title
Street Address	City, State, Zip		Telephone Number
Job Title	Reason for Leaving		
Duties			

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Duties			

United States Military Service Record

Branch _____

Rank at Discharge _____

Dates of Service (Month/Year)
From _____ To _____Describe your duties and any special training.

_____**Please list any periods of unemployment of four weeks duration or more during the last five years:**Dates _____

_____Reason(s) for unemployment

_____**If you are presently employed, why do you wish to change?**

If you are presently employed, may we contact your employer? Yes _____ No _____

Have you ever been discharged or asked to resign? Yes _____ No _____ If yes, explain fully:

_____**Have you ever been convicted of a crime, pled guilty or nolo contendere, had a pretrial intervention or withheld adjudication?** Yes _____ No _____ If yes, give dates and type of action:

_____*Conviction record not necessarily a bar to employment; age, time of offense, history and rehabilitation will be considered.***Do you have a valid Drivers License?** Yes _____ No _____ State _____ Number _____**Have you had any moving traffic violations in the past 36 months?** Yes _____ No _____

If yes, please explain: _____

List three (3) personal references who are not relatives

Name	Address, City, State	Employer	Work Phone	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Can you perform all duties listed in the job description, with or without reasonable accommodations?

Yes _____ No _____ If accommodations are necessary, please describe:

Position(s) Applied For:

Location Preferred:

Will you work overtime upon request? Yes _____ No _____

Date you would be available for employment:

PLEASE READ BEFORE SIGNING:

I hereby certify that I have read and understood the job description(s) for the positions(s) for which I am applying.

I hereby certify that all the facts and information listed on this employment application are true and correct. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, or if employed, for termination at any time upon its discovery.

I authorize the references listed on this application to give any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that due to the nature of the work, a criminal background check and Motor Vehicle Report will be completed.

By submitting this application for employment, I agree that if hired I will conform to the rules and policies of the Program, and understand that my employment and compensation will be for an indefinite period of time, and may be terminated with or without cause and with or without notice at any time, at the option of either the Program or myself.

I freely and voluntarily submit to urinalysis, breath and/or other tests as shall be determined by the Program in the final selection process of applicants for employment, for the purpose of determining the drug/alcohol content thereof. I understand that either refusal to submit to the urinalysis/breath screen or failure to qualify according to the minimum standards established by the Program for this screen may disqualify me from further consideration for employment. I further understand that upon commencement of employment with the Program, I may again be required to submit to a urinalysis drug screen, breath alcohol test, and/or other tests at any time as a condition of continued employment. I understand that failure to take any such test, or unsatisfactory test results, may result in my dismissal.

If hired, I will be required to serve a three (3) month introductory period.

Signature

Date

FOR COMPANY USE ONLY

Interviewed by: _____ Date: _____

Previous Employment Verification:

Employer	Date	Person Responding	Notes
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MVR _____ DOE Screening _____ IN-9 Form/Eligibility Verified _____