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**Employment Application**

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| **PERSONAL INFORMATION** | | | | | |
| **Full Name** |  | | **Date** | |  |
| **Mailing Address** |  | | | | |
| **Telephone** |  | **Alternate Telephone** | |  | |
| **E-mail Address** |  | | | | |

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| **EMPLOYMENT INFORMATION** | | | | | | | | | | |
| **Position Applying For** | |  | | | | | | | | |
| **Date Available to Begin** | |  | | | **Expected Wage** | | | |  | |
| **Type of Employment Desired** | | Full-Time | | | | | Part-Time | | | |
| **Specify the hours you are available each day of the week** | **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | | | **Friday** | **Saturday** | **Sunday** |
|  | |  |  |  | | |  |  |  |
| **Are you available to work overtime?** | Yes | | | | | No | | | | |
| **Are you eligible to work in the U.S.?** | Yes | | | | | No | | | | |
| **If not a U.S. citizen, state visa type** |  | | | | | | | | | |

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| **Education** | | | | | | | | |
| **High School Name** | **City/State** | **Last Year Completed** | | | | | | **Degree** |
|  |  | 1 | 2 | | 3 | | 4 |  |
| **College/Trade School Name** | **City/State** | **Last Year Completed** | | | | | | **Degree** |
|  |  | 1 | | 2 | | 3 | 4 |  |
| **Describe any other relevant education and/or skills** |  | | | | | | | |

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| **GENERAL INFORMATION** | | | | | | |
| **Have you ever been employed by the Ronald McDonald House?** | | | | Yes | | No |
| **If yes, give dates of employment** | | From: | | | To: | |
| **Do you have any friends or family who are currently employed by us?** | | | | Yes | | No |
| **If yes, what are their name(s)** |  | | | | | |
| **Are you less than 18 years old? (Proof of age may be required after a job offer)** | | | Yes | | | No |
| **Have you ever been convicted of a crime other than a misdemeanor? If hired, a background check is required. (A conviction does not constitute an automatic bar to employment)** | | | | Yes | | No |
| **If yes, state the crimes(s), court(s), and sentence(s)** |  | | | | | |

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| **WORK EXPERIENCE** *(Please list your current or most recent employer first)* | | | | | | | | | |
| **Company** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Position** | |  | | **Dates of Employment** | | Starting: | | | Ending: |
| **Supervisor’s Name** | |  | | **Telephone Number** | |  | | | |
| **Responsibilities** | |  | | | | | | | |
| **Reason for Leaving** | |  | | | | | | | |
| **Permission to Contact** | | Yes | No | **Salary** | | Starting: | | | Ending: |
| **Company** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Position** | |  | | **Dates of Employment** | | Starting: | | | Ending: |
| **Supervisor’s Name** | |  | | **Telephone Number** | |  | | | |
| **Responsibilities** | |  | | | | | | | |
| **R****eason for Leaving** | |  | | | | | | | |
| **Permission to Contact** | | Yes | No | **Salary** | | Starting: | | | Ending: |
| **Company** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Position** | |  | | **Dates of Employment** | | Starting: | | | Ending: |
| **Supervisor’s Name** | |  | | **Telephone Number** | |  | | | |
| **Responsibilities** | |  | | | | | | | |
| **Reason for Leaving** | |  | | | | | | | |
| **Permission to Contact** | | Yes | No | **Salary** | | Starting: | | | Ending: |
| **WORK REFERENCES** *(Please provide three work-related references)* | | | | | | | | | |
| **Reference 1** | **Name** | | | | **Title** | | | **Phone** | |
|  | | | |  | | |  | |
| **Organization** | | | | **Years Known** | | **Nature of Acquaintance** | | |
|  | | | |  | |  | | |
| **Reference 2** | **Name** | | | | **Title** | | | **Phone** | |
|  | | | |  | | |  | |
| **Organization** | | | | **Years Known** | | **Nature of Acquaintance** | | |
|  | | | |  | |  | | |
| **Reference 3** | **Name** | | | | **Title** | | | **Phone** | |
|  | | | |  | | |  | |
| **Organization** | | | | **Years Known** | | **Nature of Acquaintance** | | |
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TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or if found out after employment may be grounds for dismissal. I understand and agree that under the terms of employment with the Ronald McDonald House Charities of Central Indiana, the employment relationship is terminable “at will” without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from the Ronald McDonald House Charities of Central Indiana constitutes an employment contract.

I understand that any offer of employment may be contingent upon my ability to comply with INS regulations establishing my identity and right to work in the United States. I understand that the Ronald McDonald House Charities of Central Indiana is an Equal Employment Opportunity employer. The Ronald McDonald House Charities of Central Indiana recruits and hires persons in all job titles without regard to race, color, religion, sex, sexual orientation, age, disability, or national origin.

I hereby authorize the Ronald McDonald House Charities of Central Indiana to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. **I further authorize my past and present employers to furnish the Ronald McDonald House Charities of Indiana with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release the Ronald McDonald House Charities of Central Indiana and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.** I release the Ronald McDonald House Charities of Central Indiana from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

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| **Applicant Signature** | **Date** |
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