

## Employment Application

*The Ability Center of Greater Toledo (ACT) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, genetic information, military or veteran status, or any other characteristic in accordance with applicable laws governing non-discrimination in employment in every location in which ACT has facilities.*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Position Interest and Availability

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

How did you hear about this position?

ACT Website     ACT Employee     Online Site/Social Media: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

### General Information

Are you authorized to work in the U.S.?    YES    NO    (If employed, ACT will require verification of eligibility.)  
   

Have you ever worked for ACT?    YES    NO    If yes, when? \_\_\_\_\_  
   

Do you have any relatives or friends working at ACT?    YES    NO    If yes, please specify: \_\_\_\_\_  
   

Are you 18 years of age or older?    YES    NO    If no, you may be required to provide authorization to work  
   

Are you able to safely perform the essential functions of the position you are applying for?    YES    NO  
   

Have you ever been convicted of a crime other than a traffic offense or other minor misdemeanors?    YES    NO    If yes, it will not automatically result in exclusion.  
   

If yes, please explain. \_\_\_\_\_

### Office Skills (check all that apply)

MS Word     MS Excel     MS Access     MS Outlook     MS PowerPoint  
 Copier/Printer     InDesign     Photoshop     Acrobat     PC Computer  
 Other: \_\_\_\_\_

## Employment History

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Summarize the nature of work performed, skills used or learned, advancements, or promotions while you worked at this company:

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Summarize the nature of work performed, skills used or learned, advancements, or promotions while you worked at this company:

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*Have you ever been terminated from employment or asked to resign by an employer? \_\_\_ Yes \_\_\_ No*

*If yes, please provide company information and details.*

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| Education              |             |                   |              |                 |
|------------------------|-------------|-------------------|--------------|-----------------|
| Type of School         | School Name | School City/State | Major/Degree | Years Completed |
| High School/GED        |             |                   |              |                 |
| Vocational/Tech School |             |                   |              |                 |
| College/University     |             |                   |              |                 |
| Graduate School        |             |                   |              |                 |
| Other                  |             |                   |              |                 |

| Licensure, Certifications, and/or Registrations (relevant to position) |           |        |             |              |
|--|-----------|--------|-------------|--------------|
| Document Name  | Issued By | Number | Date Issued | Date Expires |
|  |           |        |             |              |
|  |           |        |             |              |

**References**

Please list three professional references.

| Name | Phone Number | Relationship |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Applicant Acknowledgement**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. I understand that incomplete information could disqualify me from further consideration.*

*I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Ability Center (ACT) to hire me. If I am hired, ACT or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.*

*I authorize ACT to verify the information I have provided including employment history, education, and references.*

**READ CAREFULLY BEFORE SIGNING:** *I agree that any claim, charge, or lawsuit relating to my employment with The Ability Center, or the separation thereof, must be filed no more than six (6) months after the date of the adverse employment action that is the subject of the claim, charge, or lawsuit. I hereby waive any statute of limitations to the contrary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_