



Employment Application

Advocates for Inclusion

958 Corporate Lane – Nampa, ID 83651
208-467-7524 Fax 208-467-7526

Applicant Information

Full Name:		_____		Date: _____	
Last		First		M.I.	
Address:		_____		_____	
Street Address		Apartment/Unit #			
City		State		ZIP Code	
Home or Cell Phone:		()		Email Address:	
Are you at least 18 years of age?		YES <input type="checkbox"/> NO <input type="checkbox"/>		How did you hear about AFI?	
Date Available:		/ /		Social Security No.: - -	
Position Applied for:				Desired Salary: \$	
Are you First Aid/CPR certified?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Check days available to work:	
				Mon. Tues. Wed. Thurs. Fri. Sat.	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Please indicate the hours available for the days checked above:	
Do you speak Spanish?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you willing to travel out of the area to provide therapy (i.e. Boise, Kuna, Middleton, etc.)?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you ever been convicted of a felony?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you willing to complete a criminal history background check at the Dept. of Health and Welfare?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you ever been fired from a job?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a reliable vehicle that can be used during work?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a valid Driver's License and current auto insurance?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a family member or child that receives services at Advocates for Inclusion?		YES <input type="checkbox"/> NO <input type="checkbox"/>		What is the month and day of your birth?	
				Mon. Day	

Education

High School:		_____			
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	High School Diploma
College:		_____			
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	

References

Please list three **professional** references.

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	()
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	()
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	()

Previous Employment							
Company:						Phone:	()
Address:						Supervisor:	
Job Title:				Starting Salary:	\$	Ending Salary:	\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:						Phone:	()
Address:						Supervisor:	
Job Title:				Starting Salary:	\$	Ending Salary:	\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:						Phone:	()
Address:						Supervisor:	
Job Title:				Starting Salary:	\$	Ending Salary:	\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service								
Branch:					From:		To:	
Rank at Discharge:				Type of Discharge:				
If other than honorable, explain:								

Disclaimer and Signature

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 release.

Signature: _____ Date: _____