

**Application for Employment**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Social Security # \_\_\_\_\_ U.S. Citizen? Y N  
(Circle One)

Place of Birth: \_\_\_\_\_  
(City) (State) (Country)

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

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

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Work you are  
interested in:  
Full Time (M-F) \_\_  
Part Time (Sa-Sun) \_\_

**Education:**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduated? Y N Date: \_\_\_\_\_ GED? Y N Date: \_\_\_\_\_

College(s): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Area of Major Study in College: \_\_\_\_\_  
Most Advanced Degree Earned: \_\_\_\_\_

**Names of Three Persons Who Will Provide a Character Reference for You.**

	<b>Name</b>	<b>Phone</b>	<b>Years Known</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Previous Work Experience** (List Minimum of Three)

	<b>Employer</b>	<b>Address</b>	<b>Phone</b>	<b>Dates Worked</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Position You Are Applying for:** \_\_\_\_\_ (please list as 1<sup>st</sup> choice, 2<sup>nd</sup> choice, etc.)

- Overnight Residential Instructor: Monday-Thursday, 10:00 PM-8:00 AM \_\_\_\_\_
- Overnight Residential Instructor: Friday-Saturday-Sunday, 9:00 PM-8:00 AM \_\_\_\_\_
- Residential Instructor: Monday-Friday, 2:00 PM-10:00 PM \_\_\_\_\_
- Residential Instructor: Saturday & Sunday, 7:00 AM-9:00PM \_\_\_\_\_
- Residential Instructor: Saturday & Sunday, 7:00 AM-3:00 PM \_\_\_\_\_
- Residential Instructor: Saturday & Sunday, 3:00 PM-9:00 PM \_\_\_\_\_
- Teacher Assistant: Monday-Friday 6:30 AM-2:30 PM \_\_\_\_\_
- Administrative Assistant \_\_\_\_\_
- Homemaking Services \_\_\_\_\_
- Maintenance \_\_\_\_\_
- Food Services \_\_\_\_\_
- Nurse \_\_\_\_\_
- Support Personnel \_\_\_\_\_

Have you worked in the past with individuals with developmental disabilities? Yes No  
If so, did the individuals engage in challenging behaviors? Yes No

Have you ever worked with any individuals who engaged in self injury or aggression to others and/or property? Yes No

Have you ever been convicted of a felony? Yes No  
If yes, for what reason?

\_\_\_\_\_

Have you ever been dismissed from a job? Yes No  
If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

What was the reason for leaving your last job? \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for a sexual crime? Yes No  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Were you convicted of the sexual crime? Yes No

Have you ever been charged with child abuse or neglect? Yes No  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been found "indicated" for allegations of child abuse or neglect? Yes No

Have you ever been dismissed from a job for sexual misconduct with a client? Yes No  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for a crime of violence against another person? Yes No  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted for a crime of violence against another person? Yes No

The Learning Tree Inc., maintains a policy of a drug-free work environment. Have you ever been suspended or dismissed from a job for the use of drugs or alcohol on the job, or being under the influence of drugs or alcohol while on the job? Yes No  
If so, please explain. \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information contained in this application form and/or any supplement thereof, is correct to the best of my knowledge; and understand that any misstatement, misrepresentation of fact or omission of information is grounds for dismissal from employment. I authorize the references listed to provide to The Learning Tree, Inc. any and all information they may have regarding my previous employment or personal qualifications; and release all parties from all liability for any damage that may result from furnishing said information to The Learning Tree, Inc. I further understand that said background check may involve checking law enforcement records at the local, county, state, and federal levels. I hereby authorize The Learning Tree Inc. to make such an inquiry, and understand that upon my written request, information as to the nature of the inquiry will be provided to the applicant.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature and Seal of Notary Public Date

#### STATEMENT OF AT-WILL EMPLOYMENT

The Learning Tree Inc. is an at-will employer. It does not hire employees for any specific duration. Employment is at-will. No commitment for employment for any specific duration, including "lifetime employment" is binding on The Learning Tree Inc. unless it is set forth in a written employment contract signed by the President of the corporation and approved by the Board of Directors. No employee or officer of the corporation can waive or alter this policy or authorize exceptions, either verbally or in writing.

All employees of The Learning Tree Inc. are always free to terminate their employment with The Learning Tree, Inc. at their will. Similarly, The Learning Tree, Inc. has the right to terminate employment at any time, with or without cause.

The Learning Tree, Inc. requires all applicants to sign a waiver form that permits the agency to inquire of the Alabama State Department of Human Resources Registry of Child Abuse and Neglect for any past record of child abuse or neglect on the part of the applicant. No application will be accepted without this signed waiver accompanying it. No position of employment will be offered until such a check has been completed with the Alabama Department of Human Resources.

The Learning Tree, Inc. is an Equal Opportunity Employer

**APPLICANT \*\*DO NOT WRITE ON THIS PAGE\*\* FOR OFFICE USE ONLY**

**APPLICANT CONTACT INFORMATION**

<b>DATE CONTACT MADE</b>	<b>REASON FOR CONTACT</b>	<b>RESULT OF CONTACT</b>	<b>PERSON INITIATING</b>

**CHECKLIST OF ITEMS  
NEEDED TO BEGIN EMPLOYMENT**

- 1. Statement of Client Rights \_\_\_\_\_
- 2. Statement of Policy re: Abuse, Neglect, and Mistreatment \_\_\_\_\_
- 3. Client Confidentiality \_\_\_\_\_
- 4. Personnel Confidentiality \_\_\_\_\_
- 5. Understanding of At-Will Employment \_\_\_\_\_
- 6. I-9 form \_\_\_\_\_
- 7. W-4 Form \_\_\_\_\_
- 8. A-4 Form \_\_\_\_\_
- 9. Copy of Driver's License and SS Card \_\_\_\_\_
- 10. State and federal criminal background check \_\_\_\_\_
- 11. Drug Screen \_\_\_\_\_
- 12. DHR Child Abuse and Neglect From \_\_\_\_\_
- 13. Dept. of Public Health background check \_\_\_\_\_
- 14. Dept. of Public Safety background check \_\_\_\_\_
- 15. DMR TermTrak background check \_\_\_\_\_
- 16. Certified transcripts for college credit (if applicable) \_\_\_\_\_
- 17. Certified copy of license (if applicable) \_\_\_\_\_

## Authorization for DMV Driving Record

I would like to be included on the list of eligible insured drivers for \_\_\_\_\_ . I understand that in order to be insured as an eligible driver, and then be able to drive the company vehicles I must permit Harris McKay Insurance Company to conduct a review of my DMV driving record. I hereby authorize \_\_\_\_\_ to arrange for this review.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

-----  
\_\_\_\_\_  
**Full Name**

\_\_\_\_\_  
\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver's License Number and State**



## The Learning Tree, Inc.

### Release Authorization

In connection with my application for employment with The Learning Tree, Inc., I understand that an investigative report may be requested that will include information as to my character, work habits and performance, as well as the reasons for termination of past employment. I understand that as guided by the policy of The Learning Tree, Inc., the information will be requested from public and private sources about my: worker compensation injuries, driving record, criminal history, education, credentials, and references.

I understand that medical and worker compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA), and/or any other applicable state laws. I also understand that if employment is denied because of information obtained under this authorization, on request I will be provided the name and address of the agency or source of the information. I also acknowledge that a faxed copy or photo copy of this information shall be as valid as an original. This release is valid for all state, local, and federal agencies.

I hereby authorize any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company that is contacted by The Learning Tree, Inc., or its designated agent, to furnish the information requested.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**The following information must be filled out completely for your application to be considered.**

---

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>(Please put name as it appears on driver's license)</b>		

---

**Maiden Name or Other Names Used** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
**House #** **City** **State** **Zip**

**How Many Years at Address?** \_\_\_\_\_

**Previous Address:**

\_\_\_\_\_  
**House #** **City** **State** **Zip**

**How Many Years at Address?** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Stated Issued:** \_\_\_\_\_



## **The Learning Tree, Inc.**

### **Substance Use Testing Consent Form**

I hereby certify that I have reviewed a written copy of The Learning Tree Inc.'s Drug-Free Workplace policy. I have been given the opportunity to ask questions regarding this policy. I understand that violation of this policy is cause for disciplinary action, up to and including termination of employment, or disqualification from employment. I hereby give my voluntary consent for specimen(s) to be collected from me and submitted for drug and/or alcohol testing as a condition of my initial or continued employment. I understand that I will not be forced to submit to any alcohol or drug test, but my refusal to do so shall result in termination of employment (for current employees) or disqualification from consideration for employment (for applicants). I further consent to the release of said test results to The Learning Tree Inc. and its designated medical review officer. I understand that The Learning Tree Inc. has the right to conduct searches and inspections of any employee's personal effects, clothing, work area, and vehicle for the purpose of determining if such employee or other person is in possession, uses, transports, or conceals any prohibited items and/or substances, searches, inspections, and substances use testing as may be required from time to time without prior announcement shall be conducted with concern for the personal privacy of each employee. I understand that consent and cooperation in these procedures is a necessary condition of employment, and that refusal to consent to such will result in termination or disqualification from employment. I authorize the release of any test results to The Learning Tree Inc.'s worker's compensation insurer(s), The Alabama Unemployment Compensation Division, or any other government agency investigating my employment or termination. I understand that this agreement in no way limits my rights or those of The Learning Tree Inc. to terminate my employment at any time for any reason.

\_\_\_\_\_  
**Applicant/Employee Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Employee Signature**

\_\_\_\_\_  
**Social Security #**

# Drug Testing Form

**Step 1:**

A. Employer Name and Address \_\_\_\_\_

B. Donor SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
C. Reason for Test: \_\_\_\_\_ Workman's Comp \_\_\_\_\_ Pre-Employment  
\_\_\_\_\_ Reasonable Suspicion/Cause \_\_\_\_\_ Post Accident  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

D. Test to be Performed:

THC	+	_____
Cocaine	+	_____
PCP	+	_____
Opiates	+	_____
Amphetamines	+	_____

**Step 2:** To be completed by collector—Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range \_\_\_\_\_ Yes 90-100 degrees F. \_\_\_\_\_ No, record specimen temperature here \_\_\_\_\_

Collection Site Location:

\_\_\_\_\_  
\_\_\_\_\_

Collector's Name \_\_\_\_\_

Date \_\_\_\_\_

Time AM/PM \_\_\_\_\_

**Step 3:** To be initiated by the collector and completed as necessary thereafter

Date \_\_\_\_\_ Donor's Name \_\_\_\_\_  
Specimen Received by \_\_\_\_\_

Completed by the donor: I certify that I provided my unadulterated urine specimen to the collector.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name

Should the results of this test for the specimen identified by this form be confirmed positive, the sample will be sent for further testing. You could be asked about prescriptions you take and over-the-counter medicine.