



1329 Cherry Way Dr #600 Columbus, Oh 43230
 (614) 537-4664
 thealternativecenter.com

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. APPLICATIONS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO VETERAN STATUS, UNIFORMED SERVICE MEMBER STATUS, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, GENETIC INFORMATION OR ANY OTHER CATEGORY PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS.

Applicant Name _____ Position Applied For _____

Telephone Number (____)____-____ [__] Home [__] Cell [__] Work

Current Address _____

Street, Apartment, or Unit Number

 City State Zip

Email Address (optional) _____

Type of employment desired? [__] Full-Time [__] Part-Time (Specify Hours) _____

Are you willing to work overtime? [__] Yes [__] No

Date you can start work if hired _____

Have you previously applied for TAC? [__] Yes [__] No If yes, when? _____

EDUCATION	SCHOOL NAME AND LOCATION (ADDRESS, CITY, STATE)	COURSE OF STUDY OR MAJOR	GRADUATE? Y OR N	# OF YEARS COMPLETED	HONORS RECEIVED
High School					
College					
Graduate/ Professional					
Trade/ Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed if self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.



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Employer:

NAME	ADDRESS	TYPE OF BUSINESS
Telephone (____) _____	Currently employed? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Dates Employed _____ - _____	Position/ Job Title _____	
Job Duties _____		
Supervisor's Name _____	May we contact? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Reason for leaving? _____		

Employer:

NAME	ADDRESS	TYPE OF BUSINESS
Telephone (____) _____	Currently employed? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Dates Employed _____ - _____	Position/ Job Title _____	
Job Duties _____		
Supervisor's Name _____	May we contact? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Reason for leaving? _____		

Employer:

NAME	ADDRESS	TYPE OF BUSINESS
Telephone (____) _____	Currently employed? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Dates Employed _____ - _____	Position/ Job Title _____	
Job Duties _____		
Supervisor's Name _____	May we contact? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
Reason for leaving? _____		



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References

Please list the names of both work and personal references. Individuals with no prior work experience may list school or volunteer-related references. Please do not list relatives as a reference.

NAME	RELATIONSHIP	PHONE	NUMBER OF YEARS KNOWN

Driving Information

We provide transportation via accessible vans for our clients. Please provide the following information if you are interested in driving for our company.

Do you have a current and valid driver's license? Yes No

If yes, License No: _____ State: _____ Expiration: _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

Do you have auto insurance? Yes No

If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?

Yes No if yes, explain: _____

Please list all moving/traffic violations within the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening and other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol



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and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company's policies and applicable federal, state, and local law.

If employed by TAC, I understand and agree that the company, to the extent permitted by federal, state, and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DODCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE COMPANY IS AUTHEROIZED TO ENTER INTO AN AGREEMENT - EXPRESSED OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize TAC or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the company's intent to obtain consumer reports.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize TAC to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by TAC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand TAC only employs individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MIXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TURE, ACCURATE, AND COMPLETE.

IF YOU AGREE TO THE TERMS LISTED, PLEASE SIGN BELOW.

IF APPLYING VIA A DIGITAL APPLICATION, I CONSENT THAT MY ELECTRONIC SIGNATURE SERVES TO MY AGREEMENT FOR APPLICATION OF EMPLOYMENT BY THE ALTERNATIVE CENTER, AND CERTIFIES THAT ALL OF THE INFORMATION PROVIDED HERE-IN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature _____ Date _____/_____/_____

Printed Name _____