

It's About Time, Inc.
APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Date Received _____

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(Zip)	Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Are you over the age of 18? Yes No

Position Or Type Of Employment Desired	Will accept: Part Time _____ Full Time _____ (Check days and hours available) Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____ AM ____ PM ____
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available: _____ Salary Sought: _____
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details of such conviction(s), including the crime for which you were convicted, the date, the location, and jurisdiction: _____ _____ _____
A conviction will not necessarily be a bar to employment. The nature of the conviction, and the relationship of the conviction to the position sought, as well as other legitimate factors, will all be considered.	

EDUCATION AND TRAINING *Education will only be considered if essential to the position sought

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, list the highest grade completed					
College, Business School, Military (Most recent first)					
Name and Location	Credits Earned		Graduate	Degree	Major or Subject
	Quarterly or Semester Hours	Other (Specify)			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Aid/CPR Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Where Issued		Expiration Date	
NCI/Other intervention Strategy: _____	Number	Where Issued		Expiration Date	
Person Centered Thinking Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Where Issued		Expiration Date	

WORK EXPERIENCE (Most recent first) (include voluntary and military experience)

*Failure to give permission to contact previous employers may make you ineligible for hire.

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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the Information contained in this application is true, correct, and complete. I understand that if employed, false statements reported on this application may result in my dismissal from employment. I authorize investigation of all statements contained in this application and hereby release It's About Time, Inc. from any liability as a result of such investigation except

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as otherwise specifically prohibited by law. I further understand and agree that if I am employed by It's About Time, Inc. my employment will be considered "at-will"

Signature of Applicant _____ Date _____

How did you hear about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- Agency Bulletin Board
- Current It's About Time, Inc. employee referral (Name: _____)
- Other (please specify) _____

* Specify name of newspaper or other media: _____

New Employee Self-Identification Form*

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that (i) supervisors and

