

SYNERGY SERVICES EMPLOYMENT APPLICATION

TO ALL APPLICANTS: Please complete this form in detail. The law prohibits discrimination based on race/ethnicity, religious creed, ancestry, color, sex, disability, national origin, age, marital status, political belief, sexual orientation, gender identity, gender expression, genetic testing and screening information, covered veterans status or any other classification protected by applicable discrimination laws. Attach a separate sheet if more space is needed to provide the requested information.

PERSONAL INFORMATION

Date _____

Name _____ Social Security Number ____ - ____ - ____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (County) (State) (Zip)

Permanent Address _____
(Street) (City) (County) (State) (Zip)

Home Phone () _____ Business Phone () _____

Whom may we contact if you cannot be reached?

Name _____

Complete Address _____ Phone No. () _____

If related to anyone in our agency, state name and location: _____

Referred by: ___ School ___ Advertisement ___ Self ___ Job Line ___ Employment. Agency ___ Other

Are you a citizen of the U.S.A. or otherwise lawfully authorized to work in the U.S.? ___ Yes ___ No

Are you over the age of 21? ___ Yes ___ No (Note: For State licensing requirements, employees must be 21 years of age or older to work within our residential facilities.)

May we contact your present employer? ___ Yes ___ No

Are you currently on lay-off status and subject to recall? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No If yes, give details _____

1. EMPLOYMENT DESIRED

Position Title Applied For: _____ Date Available to Work: _____

Salary Desire: _____

Prefer: ___ Full time ___ Part time ___ Temporary Prefer: ___ Days ___ Evenings ___ Overnights

Location Desired: _____

Have you worked for Synergy Services, Inc. before? ___ Yes ___ No If yes, when _____

**Note: Former clients, or his/her representative, are not eligible for employment within two years of services rendered for confidentiality reasons. This only applies to positions at Agency sites where direct client service is provided.

2. EDUCATION

High School (name and location)

Diploma or Equivalency ___ Yes ___ No

For Undergraduate/Graduate/Technical (Name of school and location – list all attended)	Years Completed	Major Subject	Date Degree Granted/Expected	Degree GPA
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Describe any specialized training, apprenticeship, certification and/or skills: _____

List Professional/Civic Organizations that you are associated with that pertain to the position applied for: _____

3. BUSINESS REFERENCES (Must verify past 5 years of employment and history in child care settings. List references we may contact who are qualified to evaluate your work abilities.)

Name	E-mail Address and Phone No.	Company Name	Yrs. Acquainted
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4. CHARACTER REFERENCES (Can be professional or personal contacts but cannot be a relative. List 3 references who we may contact to evaluate your character.)

Name	E-mail Address and Phone #	How are you acquainted	Yrs. Acquainted
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5. FORMER EMPLOYERS (List employers for the last 5 years starting with the most recent)

Date MO/YR	Name & Address of Employer	Supervisor's Name/Title	Last Position Title Work Duties	Reason Leaving
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From

To

From

To

From

To

From

To

6. APPLICANT'S STATEMENT, ACKNOWLEDGMENT AND AGREEMENT

You must read the following statements and agreements and by signing your name, you acknowledge that you have read, understand and agree to all statements and agreements.

- (1) I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.
- (2) I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of when it is discovered.
- (3) I agree, in the event and in consideration of my employment by Synergy Services, Inc.:
 - (a) To conform to the rules, practices and policies of Synergy Services, Inc. and I understand that my employment and compensation with Synergy Services, Inc. may be terminated with or without notice, at any time, at the option of Synergy Services, Inc. or myself.
 - (b) To keep confidential all information, records, documentations, data, undisclosed location of certain Synergy Services, Inc. locations, methods, and processes in possession of or in use by Synergy Services, Inc. as owner, licensee, or permittee, or otherwise, which I may obtain or have knowledge of because of my employment with Synergy Services, Inc. and except as required by my employment not to remove from the property of Synergy Services, Inc. any of the above items, matters and things relating to or dealing with any business of Synergy Services, Inc., or make copies thereof, of such items, matters and things, whether made by me or by others, being recognized as the property of Synergy Services, Inc., and not to be used for my own or another's benefit or communicated to another either before or after termination of my employment with Synergy Services, Inc., without the written consent of Synergy Services, Inc.
 - (c) I acknowledge that Synergy Services, Inc. and/or its agents may investigate any information that it believes is business relevant including, but not limited to, employment history, educational background, criminal records, child abuse/neglect screening, police screening and driving record. I release any employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I also authorize my former employers, schools and personal references to provide any information that would be relevant to performing the position they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

4. I understand that Synergy Services, Inc. is committed to a drug-free work place. I agree to participate in pre-employment substance abuse testing, the results of which will be provided to Synergy Services, Inc. A satisfactory test result will be a condition for employment.

The undersigned acknowledges that by signing in the space provided below that he (she) has read the above statements and agreements and understands and agrees to the same.

Date _____ Applicant's
Signature _____