METRO APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

First Name (legal name):	Middle Initial:	Last Name (legal name):	Preferred Name:
Street Address: City, State, Zip:		SSN:	
Phone Number:	Email Address:		Date of Birth:

DESIRED EMPLOYMENT

Position Applying For:	Date Available:	Salary Desired:
Are you authorized to work in the United States?	☐ Yes ☐ No ☐ Yes with sponsorship	
Are you Employed Now? ☐ Yes ☐ No	If offered employment, may we contact your current employer? ☐ Yes ☐ No	
Have you ever applied to this company before? ☐ Yes ☐ No	If so, where?	When?
Have you ever worked for this company before? ☐ Yes ☐ No	If so, where?	When?
How did you hear about this position? (check one)	☐ Friend / Relative Name: _____ ☐ Walk-In ☐ Online/Job Board: _____	
Do you have any friends or relatives employed by METRO? ☐ Yes ☐ No	If so, Name:	Relationship:

HIGHEST EDUCATION

School: City, State:	Did you Graduate? ☐ Yes ☐ No	Date Awarded:
School: City, State:	Did you Graduate? ☐ Yes ☐ No	Date Awarded:

WORK EXPERIENCE

Employer:	Start Date:	End Date:
Address:	Phone:	Supervisor:
Reason for Leaving: ☐ New / Better Job ☐ Family / Personal / Moved ☐ School ☐ Fired/Terminated ☐ Layoff / Budget Cuts ☐ Other - Please specify:		
Employer:	Start Date:	End Date:
Address:	Phone:	Supervisor:
Reason for Leaving: ☐ New / Better Job ☐ Family / Personal / Moved ☐ School ☐ Fired/Terminated ☐ Layoff / Budget Cuts ☐ Other - Please specify:		
Employer:	Start Date:	End Date:
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Reason for Leaving: ☐ New / Better Job ☐ Family / Personal / Moved ☐ School ☐ Fired / Terminated ☐ Layoff / Budget Cuts ☐ Other - Please specify:		

SKILLS, QUALIFICATIONS, CERTIFICATIONS

Please list any skills, qualifications, certifications or trainings: _____

_____

REFERENCES: METRO conducts background and reference checks based on the information you provide. Please provide three previous supervisors, HR representatives, or other professional references.

****All employees must have *confirmed references* prior to the start of employment.****

NAME:			**PHONE:**
Relationship	☐ Supervisor	☐ Other:	**EMAIL:**
NAME:			**PHONE:**
Relationship	☐ Supervisor	☐ Other:	**EMAIL:**
NAME:			**PHONE:**
Relationship	☐ Supervisor	☐ Other:	**EMAIL:**

BACKGROUND

Have you ever been arrested for, convicted of, or pleaded no contest (nolo contendere) to a **misdemeanor?**
(WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) ☐ Yes ☐ No
If yes, please explain: _____

Have you ever been arrested for, convicted of, or pleaded no contest (nolo contendere) to a **felony?**
(WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) ☐ Yes ☐ No
If yes, please explain:_____

I understand that Metro Healthy Communities (herein referred to as the Agency) is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sexual orientation, gender, gender identity, genetic information, marital status, religion, handicap or disability, or any other category protected by federal, state, or local law.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Agency has the same right. No one other than the CEO of the Agency has authority to modify this relationship or make any agreement to the contrary; any such modification must be in writing.

I understand that the Agency reserves the right to require me to submit to a drug test any time and also reserves the right to require me to submit an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Agency may contact my previous employers and I authorize those employers to disclose to the Agency all records and other information about me to the Agency. I also authorize the Agency to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Agency responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed; my employment will be for no definite period and "at- will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate in all respects. I agree that if the provided information is found to be false, misleading, or unsatisfactory in any respect (in the Agency's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal, if discovered after I am hired.

I certify that I have received a written notification that the Agency may obtain a consumer report or reports on me. I authorize this Agency to obtain such a report or reports for use in connection with my application for employment and for other employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but it not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with other with whom I am acquainted or who may have knowledge concerning any such items of information.

Name (Printed): **Signature:** **Date:**

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to regard to age, race, color, national origin, sexual orientation, gender, gender identity, genetic information, marital status, religion, handicap or disability.

Thank you for completing this application form and for your interest in joining our organization.

Attach Resume

Submit Resume