

# Erikson Institute

## Application for Employment

Erikson Institute is an equal opportunity employer. We consider all applicants for employment without regard to race, religion, color, age, sex, national origin, citizenship, ancestry, marital or parental status, sexual orientation including gender identity, gender expression, military discharge status, physical or mental disability, or any other status or characteristic protected by law. In addition, Erikson Institute provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans With Disabilities Act and applicable state and local laws (including during the application or hiring process). If you need a reasonable accommodation for any part of the application or hiring process, please notify us immediately.

LAST NAME		FIRST NAME	DATE
CURRENT ADDRESS			APT. #
CITY	STATE		ZIP
TELEPHONE NUMBER ( )	POSITION APPLIED FOR		REFERRED BY

Do you want to work?  Full Time  Part Time - if part time, specify days and hours: Days: MON \_\_\_\_ to \_\_\_\_ TUE \_\_\_\_ to \_\_\_\_ WED \_\_\_\_ to \_\_\_\_ THURS \_\_\_\_ to \_\_\_\_ FRI \_\_\_\_ to \_\_\_\_ SAT \_\_\_\_ to \_\_\_\_ SUN \_\_\_\_ to \_\_\_\_

Are you willing to work overtime as necessary?  Yes  No

Date you can start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Have you ever been employed by us?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you over the age of 18?  Yes  No If you are under 18, state your age: \_\_\_\_\_

Are you lawfully able to work for all employers in the United States on a full-time basis?  Yes  No

EDUCATIONAL BACKGROUND					
SCHOOL	CITY/STATE	COURSE OF STUDY	DATES OF ATTENDANCE FROM – TO	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED
High School/GED				___Yes ___No	
College/University				___Yes ___No	
Other				___Yes ___No	

**MILITARY SERVICE RECORD** Have you ever served in the U.S. Armed Forces?  Yes  No

Did you have an other than dishonorable discharge?  Yes  No

*A dishonorable discharge is not an absolute bar to employment*

**JOB-RELATED SKILLS**

Should your duties require driving, do you have a valid driver's license?  
 Yes  No Issuing State: \_\_\_\_\_ DL #: \_\_\_\_\_

Are there any other, experiences, skills, licenses, certificates or abilities that you feel especially qualify you for work with our company?  
 Yes  No If yes describe: \_\_\_\_\_

***You may attach a resume instead of filling out this page.***

**PRIOR EMPLOYMENT HISTORY**

Start with your current or last job – include armed forces service and self-employment.

**May we contact your current employer for a reference?**  Yes  No  Not Applicable

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title(s)	Dates Employed (indicate months & years) From:                      to:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for leaving	

**May we contact this employer for a reference?**  Yes  No  Not Applicable

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title(s)	Dates Employed (indicate months & years) From:                      to:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for leaving	

**May we contact this employer for a reference?**  Yes  No  Not Applicable

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title(s)	Dates Employed (indicate months & years) From:                      to:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for leaving	

**May we contact this employer for a reference?**  Yes  No  Not Applicable

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title(s)	Dates Employed (indicate months & years) From:                      to:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for leaving	

<b>PERSONAL REFERENCES</b> (excluding relatives)				
<b>NAME</b>	<b>OCCUPATION</b>	<b>DATES KNOWN</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
		____/____ to ____/____		
		____/____ to ____/____		
		____/____ to ____/____		

**PREEMPLOYMENT STATEMENT**  
(Please read carefully and sign the statement below)

I understand and agree that:

1. The use of this application does not necessarily indicate that there are positions available and does not in any way obligate Erikson Institute to employ me.
2. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination of employment.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screen for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol and/or drug screen at any time at the discretion of the Company and/or its insurance provider.
4. In processing my application for employment, the Company may verify all the information provided by me. I hereby authorize and request that all of my present and former employers, educational institutions and/or those individuals I have listed as personal references furnish information about my employment, educational record and/or background. I hereby release them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company. I understand that I would be employed "at-will", meaning that my employment and compensation could be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the President, has any authority to modify the company's at-will employment policy or enter into any agreement contrary to this policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the President.
6. I have read and understand the information provided above.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_