



Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Sweet Behavior.

PERSONAL INFORMATION

Date of Application (month, day, year):	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you legally allowed to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (last, first, middle)	
Present Address (number and street, city, state, and ZIP code)	
Primary Telephone Number ()	Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number:
Email Address:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in full (attach additional sheet if necessary):	
Are you currently listed as having any violations or disciplinary records on any nurses' or medical registry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in full (attach additional sheet if necessary):	
How did you hear about this position? <input type="checkbox"/> Facebook <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> Other/Referral If you were referred by a Sweet employee, please list their name: _____	

EMPLOYMENT DESIRED

Position for which you are applying?	Date you can start? (month, day, year)	Salary desired?
Type of employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> As needed		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what were the dates? From (month, day, year) To (month, day, year)		
<p>As part of the application, you have been provided with a job description of the position that you are applying for and have been asked to review it. Are you able to perform the essential functions of the position for which you are applying (with or without reasonable accommodation)?</p> <p>Before answering, please note that this question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later state to the extent permitted by law.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's essential functions to respond.</p>		

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer Name, Telephone# _____

Dates Employed: () / / to / /

Street Address (City,State,Zip)_____

Immediate Supervisor Name and Title:_____

Email:_____

☐ Hourly \$ per hour:_____

☐ Salary \$ per year:_____

May we contact this employer for reference? ☐ Yes ☐ No ☐ Later

Why did you
leave?_____

Briefly: what were your three main job
responsibilities?_____

Did you leave your job happy most days? ☐ Yes ☐ No ☐ Split right down the middle

Employer Name, Telephone# _____

Dates Employed: () / / to / /

Street Address (City,State,Zip)_____

Immediate Supervisor Name and Title:_____

Email:_____

☐ Hourly \$ per hour:_____

☐ Salary \$ per year:_____

May we contact this employer for reference? ☐ Yes ☐ No ☐ Later

Why did you
leave?_____

Briefly: what were your three main job
responsibilities?_____

Did you leave your job happy most days? ☐ Yes ☐ No ☐ Split right down the middle

Employer Name, Telephone# _____

Dates Employed: () / / to / /

Street Address (City,State,Zip)_____

Immediate Supervisor Name and Title:_____

Email:_____

☐ Hourly \$ per hour:_____

☐ Salary \$ per year:_____

May we contact this employer for reference? ☐ Yes ☐ No ☐ Later

Why did you
leave?_____

Briefly: what were your three main job
responsibilities?_____

Did you leave your job happy most days? ☐ Yes ☐ No ☐ Split right down the middle

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

<u>School</u>	<u>Major</u>	<u>Degree Acquired</u> <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
<u>School</u>	<u>Major</u>	<u>Degree Acquired</u> <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____

<u>School</u>	<u>Major</u>	<u>Degree Acquired</u> <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
---------------	--------------	--

<u>School</u>	<u>Major</u>	<u>Degree Acquired</u> <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
---------------	--------------	--

REFERENCES

List names & telephone numbers of THREE business/work references who are not related to you & are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u># OF YEARS KNOWN</u>	<u>PHONE NUMBER</u>

RELATED INFORMATION

Do you belong to any job-related organizations (professional, trade, etc.)? ☐ Yes ☐ No

If yes, which ones? *Please exclude any memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard, or any similarly protected status.*

Are there any other special accomplishments, publications, awards, or any other job-related information that you want us to know about you? *Please exclude anything that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard, or any other similarly protected status.*

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Sweet Behavior, LLC does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Sweet Behavior, LLC likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his or her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Sweet Behavior, LLC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

NOTE: Sweet Behavior, LLC complies with Indiana law prohibiting smoking in enclosed areas of employment or within 8 feet of any entrance.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. **Do not sign until you have read the above applicant statement.**

I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

Signature of Applicant: _____

Date: / /