

Madison Area Rehabilitation Centers, Inc.

APPLICATION FOR EMPLOYMENT

Madison Area Rehabilitation Centers, Inc. considers applicants for all positions without regard to sex, age, race, religion, color, national origin or ancestry, handicap or disability, marital status, student status, physical appearance, sexual orientation, arrest/conviction record, political beliefs, source of income, military discharge status, or any other protected classes as defined by law.

(PLEASE PRINT)

Position(s) Applied For:				Date of Application:	
Last Name		First Name		Middle Initial	
Address	Number	Street	City	State	Zip Code
Telephone			Email		

If you are under 18 years of age, can you provide the required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with MARC before? _____ Yes _____ No
 If Yes, give date _____

Have you ever been employed with MARC before? _____ Yes _____ No
 If Yes, give dates _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No
 Proof of employment eligibility will be required upon employment

On what date would you be available for work? _____

How many hours (min and max) are you available to work? _____

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

Do you have a reliable auto with insurance (if required for position)? _____ Yes _____ No

Have you been convicted of a felony within the last 3 years or Are you subject to a pending criminal charge? _____ Yes _____ No

Conviction or arrest will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized job-related training, apprenticeship, skills and experience:

Describe any job-related training received in the United States military:

List any professional, trade, business, or other job-related activities and offices held:

(You may exclude membership which would reveal any protected status.)

Skills (circle all that apply):

IBM PC Apple PC

Calculator Fax Copy Machine Multi-Line Phone/Voicemail System

Postage Machine

MicroSoft Office Suite: Excel, Word, Outlook, Access, PowerPoint, InfoPath

Database (list all): _____

Typing WPM: _____

Other: _____

Machinery (list all): _____

EMPLOYMENT EXPERIENCE

List your four most recent employers, starting with your current or last job.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor	Reference Contact			
May we contact the above supervisor/employer?				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor	Reference Contact			
May we contact the above supervisor/employer?				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor	Reference Contact			
May we contact the above supervisor/employer?				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor	Reference Contact			
May we contact the above supervisor/employer?				
Reason for Leaving				

State any additional information you feel may be helpful to MARC in considering your application.

Considering the job description and requirements of the position for which you are applying, are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? (If no job description has been presented to you, please obtain one from the person conducting your interview before answering.)

YES

NO

References

1.	_____	(_____)
	Name	Phone #

	Address	
2	_____	(_____)
	Name	Phone #

	Address	
3	_____	(_____)
	Name	Phone #

	Address	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for my employment as may be necessary in arriving at an employment decision.

I hereby authorize my former employer(s) and educational institution(s) to release all employment related information to Madison Area Rehabilitation Centers, Inc. (MARC).

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with MARC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of MARC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of MARC.

Signature of Applicant

Date