

The Threshold, Inc. is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. As an equal opportunity employer, this agency intends to comply fully with all federal, state, and local law as and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation. I understand that this Agency is committed to maintaining a drug-free workplace. The Agency will require a drug test as a part of the hiring process.

NAME		Applying for	
ADDRESS, CITY, ZIP			
PHONE		EMAIL:	

If under the age of 18, can you furnish a work permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>Proof required at time of employment.</i>
Are you legally eligible for employment in the United States?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have a valid driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

WORK EXPERIENCE: *List present employer first followed by former employers.*

Employer:		Dates:	
Position:		Reason Left:	

Employer:		Dates:	
Position:		Reason Left:	

Employer:		Dates:	
Position:		Reason Left:	

SKILLS & QUALIFICATIONS: *Summarize any training, skills, license and/or certificates that may qualify you for the position for which you are applying, including military training.*

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If employed, I agree to abide by all of the work and safety rules of the Agency. I understand that **this Agency is committed to maintaining a drug-free workplace.** I am aware that the Agency may require a drug test as a part of the hiring process. Also, if employed, I realize that the Agency conducts post-accident and reasonable suspicion drug and/or alcohol testing of its employees.

MY SIGNATURE HEREBY CERTIFIES that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient treason for rejection of application or for dismissal at any time during my employment, without liability to this Agency. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement.

Signature		Date	
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