



Application for Employment

600 Rolfs Avenue, West Bend WI 53090
www.thresholdinc.org

The Threshold, Incorporated is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this agency to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal, state, or local law. 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.

The Threshold performs a vital public service to our community. To ensure that this service is delivered safely, we are dedicated to providing and maintaining a drug and alcohol free working environment.

PRINT USING BLACK OR BLUE INK **DATE OF APPLICATION** _____

NAME _____ **Last four digits of SSN** XXX-XX- _____

ADDRESS, CITY, STATE, ZIP _____

PHONE _____ **[] CELL [] HOME** **May we text you?** _____ **YES** _____ **NO**

E-MAIL _____

POSITION APPLYING FOR: _____

EMPLOYMENT DESIRED: _____ **FULL-TIME** _____ **PART-TIME** _____ **TEMPORARY/SEASONAL**

If part time, days & hours available: _____

Date available for work _____

How did you learn about the opening? **Referral** **Newspaper** **Website** **Other:** _____

If under the age of 18, can you furnish a work permit? _____ **YES** _____ **NO** *Proof required at time of employment.*

Are you legally eligible for employment in the United States? _____ **YES** _____ **NO** *Proof required at time of employment.*

Do you have a valid driver's license? _____ **YES** _____ **NO** *Proof required at time of employment.*

Have you ever been employed here before? _____ **YES** _____ **NO** Dates of employment _____

Have you ever applied here before? _____ **YES** _____ **NO** Date of application _____

Is a family member receiving services from The Threshold? _____ **YES** _____ **NO** If yes, identify program: _____

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.

WORK EXPERIENCE

List present employer first followed by former employers.

Please provide additional employers on seaparate sheet of paper and attached to application.

FROM: _____ TO: _____ EMPLOYER _____ PHONE _____

JOB TITLE _____ MAY WE CONTACT? _____ YES _____ NO

SUPERVISOR _____ TITLE _____

ADDRESS _____

REASON FOR LEAVING _____

BRIEF DESCRIPTION OF DUTIES

FROM: _____ TO: _____ EMPLOYER _____ PHONE _____

JOB TITLE _____ MAY WE CONTACT? _____ YES _____ NO

SUPERVISOR _____ TITLE _____

ADDRESS _____

REASON FOR LEAVING _____

BRIEF DESCRIPTION OF DUTIES

FROM: _____ TO: _____ EMPLOYER _____ PHONE _____

JOB TITLE _____ MAY WE CONTACT? _____ YES _____ NO

SUPERVISOR _____ TITLE _____

ADDRESS _____

REASON FOR LEAVING _____

BRIEF DESCRIPTION OF DUTIES

PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

If yes, please identy: *Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.*

VOLUNTEER WORK:

If yes, please identy: *Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.*

EDUCATION:

<i>NAME & LOCATION</i>	<i>YEARS COMP</i>	<i>DID YOU GRADUATE</i>	<i>COURSE OF STUDY</i>	<i>DEGREE</i>
High School				
College				
Other				
Other				

REFERENCES:

Give the names of three persons not related to you, that you do not live with and whom you have known at least three (3) years.

<i>NAME</i>	<i>PHONE #</i>	<i>YEARS KNOWN</i>	<i>HOW</i>

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY 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.

Please initial here: _____

I further understand that no representative of the Agency has the authority to enter into any agreement for employment for any specified period of time and this Agency is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Agency, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.

Please initial here: _____

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. I have read, understand and agree to the above statement.

Please initial here: _____

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with this Agency, it will be necessary for me to complete a new application form.

Signature

Date

HIRING NOTES: