



## Employment Application

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony <u>or</u> misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, court dispositions will be required <b>with</b> application.
Have you lived in the State of Ohio for the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

### EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### REFERENCES

Please list three **professional** references.

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p><b>STATEMENT OF UNDERSTANDING:</b> I understand that this job description is not a contract of employment &amp; that my employment does not in any way limit the right of ARRAY, Inc. to terminate my employment and that my employment may be terminated at any time, with or without notice, within the sole discretion of ARRAY, Inc. Administration.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

\*\*\*\*\*office use only below this line\*\*\*\*\*

Checks given: \_\_\_\_\_ Date added to ARCS System: \_\_\_\_\_

Administrative initials: \_\_\_\_\_



DEVELOPMENTAL DISABILITY SERVICES  
Phone 330-880-5558 Fax 330-880-5559

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

The following documents are **required** when submitting an application for employment:

- \_\_\_\_\_ **VALID Ohio Driver's License**
- \_\_\_\_\_ **Social Security Card**
- \_\_\_\_\_ **High school Diploma/GED/Transcripts**
- \_\_\_\_\_ **Auto Insurance**

***\*If you have been convicted of a felony or misdemeanor:***

*Official court dispositions are required from any criminal convictions and must show final charges and completion of requirements/probation.*

**\*\*No applications will be considered without all of the required documents\*\***

\*\*\*\*\*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome to ARRAY! When you are considered for employment...

You will be given a check for your BCI, and one for your driver's abstract...You **must** take them to the Bureau of Motor Vehicles/AAA located at 1972 Wales Rd NE Massillon Oh 44646 **TODAY**, and return the abstract and receipts to the Administrative Assistant.

You are expected to complete a pre-employment drug screen at Mercy Work Health and Safety located at 6200 Whipple Ave NW North Canton Oh 44720. This also must be completed **immediately** and the paper returned to the Administrative Assistant.