

# ARRAY, INC.

## Employment Application

<b>APPLICANT INFORMATION</b>			
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 <u>with</u> application.
Have you lived in the State of Ohio for the past 5 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>EDUCATION</b>			
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

<b>REFERENCES</b>		
Please list three <b>professional</b> 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

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

**STATEMENT OF UNDERSTANDING:** I understand that this job description is not a contract of employment & 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. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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

**Checks given:** \_\_\_\_\_

**Date added to ARCS System:** \_\_\_\_\_

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

# ARRAY, Inc.

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.