



Employment Application

Balance, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

DATE: ___/___/_____

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security No: _____

Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?
 Yes No

Have you ever been convicted of any crime? (Excluding minor traffic violations)
 Yes No If yes, state the offense, location, date, and disposition _____

(Note: A conviction will not necessarily disqualify you from employment.)

Do you have the ability, with or without reasonable accommodations, to work overtime or travel from location to location if required by the job for which you are applying? Yes No
If no, please explain _____

Do you have a valid driver's license? Yes No

EMPLOYMENT DESIRED:

Are you seeking ___ Full-time ___ Part-time ___ Temporary

Date available to start? ___/___/_____

Have you ever applied with Balance, Inc. before? ___ Yes ___ No

Have you ever worked with Balance, Inc. before? ___ Yes ___ No

How did you learn of Balance, Inc. and/or this position? _____

Are there any days or hours that you would be unable or unwilling to work? ___ Yes ___ No

If yes, please specify _____

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Please fill out each box completely and accurately

Employer Name: _____ Address: _____

City, State, Zip: _____ Phone: (____)_____-_____

Start Date: ___/___/_____ End Date: ___/___/_____ Final Wage: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Employer Name: _____ Address: _____

City, State, Zip: _____ Phone: (____)_____-_____

Start Date: ___/___/_____ End Date: ___/___/_____ Final Wage: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Employer Name: _____ Address: _____

City, State, Zip: _____ Phone: (____) _____ - _____

Start Date: ____/____/____ End Date: ____/____/____ Final Wage: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

EDUCATION:

High School: _____ Location: _____

Graduate? ___ Yes ___ No Vocational Courses? _____

College/Trade School: _____ Location: _____

Graduate? ___ Yes ___ No Field of Study: _____

Are you planning to pursue further studies? ___ Yes ___ No Topic: _____

List any other specialized training: _____

CAPABILITY/RELIABILITY:

Would you be willing to perform all of the tasks required by the job you are applying for?

___ Yes ___ No If not, explain which tasks: _____

Have you ever filed a fraudulent claim against your present or any previous employers?

___ Yes ___ No If yes, explain: _____

Will you abide by the safety rules of Balance, Inc.? ___ Yes ___ No

Have you ever been disciplined for violating work safety rules or regulations?

___ Yes ___ No If yes, explain: _____

How many days of work or school have you missed in the last two years? _____

How many times have you been late for work or school in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent

basis? ___ Yes ___ No If no, please explain: _____

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) below for reference checking purposes:

Name: _____ at (employer name) _____

Name: _____ at (employer name) _____

Are you presently employed? ___ Yes ___ No

If yes, may we contact your employer? ___ Yes ___ No

Have you ever been fired or asked to resign from a job? ___ Yes ___ No

If yes, explain: _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? ___ Yes ___ No If yes, explain: _____

REFERENCES:

Give three references, not relatives or former employers:

Name: _____ Address: _____

Phone: (____) ____ - _____ Relationship: _____

Name: _____ Address: _____

Phone: (____) ____ - _____ Relationship: _____

Name: _____ Address: _____

Phone: (____) ____ - _____ Relationship: _____

AFFIDAVIT:

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Balance, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Balance, Inc. I understand that the taking of drug and alcohol tests, when given pursuant to organization policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that nobody at Balance, Inc. is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Executive Director or President of the Board. I also understand that my employment is "at-will" and may be terminated by myself or by the organization at any time for any reason or no reason at all, with or without prior notice.

Signature: _____ Date: ____/____/____

FOR BALANCE, INC. USE ONLY

Interviewed by: _____ Date: ____/____/____

Comments: