

Application for Employment

Oak Ridge Youth Development School (ORYDS) is an Equal Opportunity Employer

ORYDS is an EEO/Affirmative Action employer and does not discriminate against any employee or applicant for employment based on race, religion, color, national origin, gender, sexual orientation, age, disability, veteran status, or any other protected category which may exist under relevant state and federal law.

Applicants may request reasonable accommodation to participate in the hiring process.

Important Information about Our Application Process

1. Carefully read the job announcement for the position for which you are applying. Applicant materials and communications will be considered as determined appropriate by ORYDS during the screening and selection process. Incomplete or illegible applications may be disqualified.
2. Once received, all application materials become the property of ORYDS
3. Complete the application in its entirety. This application will not be considered unless fully completed. A resume may be included, but may NOT be substituted for a completed Employment Application.
4. Applications are considered active and valid for 90 calendar days. An application must be completed for each position for which you are applying.

(Please Print or Type)

PERSONAL INFORMATION				
Last Name	First Name	Middle Initial	Today's Date	
Mailing Address (Street/Apt. No. or P.O. Box)		City	State	Zip
Residence Telephone	Cell Phone	Business Telephone	Email Address	

GENERAL INFORMATION			
Have you ever worked for ORYDS or any of its subsidiaries or affiliated companies?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, where?	Position Held	Supervisor Name	Dates Employed
Do you have relatives or friends currently employed by ORYDS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name/department/location:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing/able to travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state % of time you are willing/able to travel:	
Have you ever pled guilty to or been convicted of a felony which has not been annulled or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you pled guilty to or been convicted of a misdemeanor within the past five years that has not been annulled or sealed by a court (other than for a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

(Previous guilty pleas or convictions do not necessarily disqualify a candidate from consideration of employment)

If you answered yes to either of the above, please provide details of the offense, including the dates of the offense:

Are you legally authorized to work in the United States without sponsorship? Yes No
 Verification of legal right to work in the United States will be required prior to employment.

If no, please explain:

POSITION DESIRED		
Position	Date Available	Base Salary Desired
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Intern/Co-op <input type="checkbox"/> Term Employment		Shift desired (if applicable): <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If we cannot contact your employer, please explain:		
Have you ever been discharged or asked to resign by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Have you ever been disciplined for absenteeism or tardiness by a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently on lay-off or leave of absence from any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any commitments or agreements with another employer that might affect your employment with Oak Ridge Youth Development School? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

EDUCATION & TRAINING				
	Name	Location (City, State)	Major or Field of Study	Type of Degree, Diploma, or Certification
High School				
Business, Technical, or Trade School				
Business, Technical, or Trade School				
College/University				
College/University				
Graduate School				
Graduate School				
Professional Licenses or Certificates				
Professional Licenses or Certificates				
Other:				

List publications or patents held by you: (You may attach another sheet if necessary)	
M.S. Thesis Subject:	Ph.D. Thesis Subject:

SKILLS
List computer skills (applicable software, hardware, and programming languages in which you are proficient): MS Word, Excel, Powerpoint, SAP, Taleo, Outlook
List additional languages, if any, in which you are fluent:
Typing Speed WPM:
List any other business skills you would like us to consider:

EMPLOYMENT HISTORY			
List all former employers, beginning with the current or most recent and working back to your first employer. Include any military service to this sequence of employers. Use an additional sheet of paper, if necessary, to complete this listing. <i>Please account for any gaps in your employment.</i>			
Employer:	Job Title:	Start Date:	End Date:
Employer Address (City, State, Zip):		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

Employer:	Job Title:	Start Date:	End Date:
Employer Address (City, State, Zip): Same as above		Area Code/Telephone Number:	
Supervisor's Name:	Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

Employer:		Job Title:	Start Date:	End Date:
Employer Address (City, State, Zip):			Area Code/Telephone Number:	
Supervisor's Name:		Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:		
Duties and Responsibilities:				

Employer:		Job Title:	Start Date:	End Date:
Employer Address (City, State, Zip):			Area Code/Telephone Number:	
Supervisor's Name:		Supervisor's Title:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:		
Duties and Responsibilities:				

PROFESSIONAL REFERENCES

List the names, addresses, and phone numbers of three individuals who may be contacted as references. These individuals should be non-relatives and individuals with which you had/have a business relationship, specifically former or current supervisors, co-workers, clients, customers, etc. **(Please list at least one former or current supervisor)**

Name	Title	Company	
Address (City, State, Zip Code)		Area Code/Telephone Number:	Relationship

Name	Title	Company	
Address (City, State, Zip Code)		Area Code/Telephone Number:	Relationship

Name	Title	Company	
Address (City, State, Zip Code)		Area Code/Telephone Number:	Relationship

Please indicate how you learned about the position by checking one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Newspaper/Media advertisement | <input type="checkbox"/> Employment Agency (please specify) |
| <input type="checkbox"/> Referred by my school | <input type="checkbox"/> Internet Search (please specify website, for example Monster) |
| <input type="checkbox"/> From another ORYDS employee (please specify) | <input type="checkbox"/> Contacted by ORYDS |
| <input type="checkbox"/> Other (please specify) | |

Read Carefully and Understand Before Signing:

I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and are a full and complete disclosure. I further certify that I, the undersigned applicant, have personally completed this application. If it should be discovered that the information I am providing is inaccurate, misleading, or incomplete in any respect, I may be disqualified from employment at Oak Ridge Youth Department School (hereinafter referred to as "ORYDS" or the "Company") or, if hired, I may be terminated. All information is subject to verification. IF HIRED: I understand that if I am hired by ORYDS, this application will be transferred to and made a part of my personnel file. I understand that employment is contingent upon the following, if required by ORYDS: successful completion of a physical examination and pre-employment drug screen administered by a ORYDS selected doctor; a transcript of high school and college grades; and copies of other pertinent documents including, but not limited to, W-2 statements and I-9 documentation. I understand that any handbooks, manuals, policies or procedures maintained by ORYDS are not contractual in nature and may be amended or abolished at the sole discretion of ORYDS at any time. I understand that no representative of the company, other than the Sr. Pastor or his/her designee, has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either prior to commencement of employment or after I have become an employee, or to promise any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I understand that if employed by ORYDS, such employment is not for any definite period but may be terminated by either party at any time, and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself.

Employee hereby certifies that he/she has not been excluded, debarred, or otherwise made ineligible to participate in any federal health care program as defined in 42 U.S.C. § 1320a-7b(f) (the "Federal Healthcare Programs") or any other federal or state government procurement or non-procurement program. He/she further certifies that he/she is not under investigation or otherwise aware of any circumstances which may result in employee being excluded from participation in the Federal Healthcare Programs or any other federal or state government procurement or non-procurement program.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING. MY SIGNATURE CONSITUTES MY AGREEMENT THERETO IN RETURN FOR CONSIDERATION OF MY APPLICATION.

Signature (Please sign in pen)

Date