

Archer Consultation Services, Inc
Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

- Instructions: 1. Please type or print legibly in ink.
2. All areas must be completed for consideration

Applicant Personal Data

Date of application: _____

Name of applicant (last, first, middle)

Mailing address (number and street)

City	County	State	Zip Code
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Physical Address (if different than mailing)

City	County	State	Zip Code
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Area code and Phone number: (____) _____

Additional number: (____) _____

List address for the last three years (if different than above)
(If necessary, put additional addresses on back of this form)

City	County	State	Zip Code
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City	County	State	Zip Code
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E-mail Address: _____

Archer Consultation is requesting your Social Security number in order to comply with background requirements outlined by Indiana rules and regulations. 6-15-2 Disclosure is mandatory and this form cannot be processed without it.

Social Security Number: _____ - _____ - _____

Date of Birth (MM/DD/CCYY) **(If under 18 years)** _____

Have you ever worked for this Company before? Yes _____ No _____

If yes, when? (Give dates) _____ Job Title: _____

Does Archer Consultation Services, Inc. employ any relative of yours by blood or marriage?
Yes _____ No _____

If so please state name, relationship and position.
If yes, is this relative in an Administrative or Supervisory position? Yes _____ No _____

Work Availability

Mark type(s) of employment acceptable to you:

Full-time _____ Part-time _____

If your application receives favorable consideration, when will you be available to work?

Date _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Will you accept over time hours, if necessary on a temporary basis? _____

Would you require prior notice of overtime? _____

Education

Highest Education Level: _____

List below all high schools and post high schools attended.
A copy of applicable transcripts may be required. (High School diploma or GED certificate are required for all Archer Consultation positions)

HIGH SCHOOL: NAME / LOCATION OF SCHOOL RECEIVED:
Diploma _____ GED _____ Other (specify) _____

Name: _____

Location: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:
Name of School/Location _____
Month/Year Degree earned _____
Include your name, if different while attending school: _____

Have you ever been convicted of a felony or a misdemeanor?

YES NO If "YES", what charges?

Where? _____

Date of Conviction: _____

Note: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Are you a U.S. CITIZEN?

YES NO

Eligible to work in U.S? Yes No

If no, explain: _____

Archer Consultation hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Professional Certification

Are you currently certified, registered, or licensed in any profession in Indiana? Yes No
(this would include CPR/First Aid/CNA etc)

IF YES: Type (s)

Registration Number

Date of issue:

Expiration Date:

Work Experience

May we contact your current employer? YES NO

If no, please explain: _____

If presently employed, why are you considering leaving?

List below, beginning with your most recent position, all of your work experience, including military service (specify highest rank held) and all volunteer activities. **Include your last ten years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.**

1. Attach additional 8-1/2" x 11" sheets of paper if necessary.
2. If your title and duties changed substantially in the course of your employment in any one organization, indicate such changes clearly and as separate employment.
3. Experience that cannot be confirmed is not acceptable.

Name of Present or Last Employer:

Address: _____

Phone No.: (____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____ Duties and

Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (_____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (_____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (_____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (_____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____ Duties and Responsibilities:

Reason for Leaving: _____

Name of Next Previous Employer:

Address: _____

Phone No.: (_____) _____

Your Job Title: _____

Supervisor's Name: _____

From: ____/____/____ to: ____/____/____ Hours per Week: _____

Duties and Responsibilities:

Reason for Leaving: _____

References (Please do not list relatives as references)

Name of Reference

Area Code and telephone number ()

Address (number and street, city, state, zip code)

Name of Reference

Area Code and telephone number ()

Address (number and street, city, state, zip code)

Name of Reference

Area Code and telephone number ()

Address (number and street, city, state, zip code)

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Archer Consultation Services Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Archer, it will be on an at-will basis. This means that either Archer or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Archer. I release Archer, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Archer Consultation Services, Inc. for employment purposes. This consent shall continue to be effective during my employment if I am hired. I release Archer and its employees from all liability arising from such investigation.

Any offer of employment is contingent on acceptable outcomes of inquiries and tests.

Archer Consultation Services Inc. participates in E-Verify. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm that you are authorized to work, this employer is required to provide you with written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Signature of Applicant _____

Date Signed _____