



Developmental Disabilities Ministries, Inc.
 6320 Amherst Court
 Norcross, GA 30092
 Phone: 770-623-4899 Fax: 770-903-4991

EMPLOYMENT APPLICATION

We are an equal opportunity employer. We do not discriminate in employment practices because of race, color, sex national origin, disability, or military or veteran status.

PERSONAL INFORMATION

Name:		Date:	
SS#:		Email:	
Permanent Address:			
City:		State:	
Phone #:		Other Phone #:	
Are you 21 yrs or older? Y <input type="checkbox"/> N <input type="checkbox"/>		Are you 25 yrs or older? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you legally authorized to work in the U.S.? Y <input type="checkbox"/> N <input type="checkbox"/>			
Religious Affiliation:			
Church Membership:			

EMPLOYMENT DESIRED

Alpharetta <input type="checkbox"/>	Roswell <input type="checkbox"/>	Lithonia <input type="checkbox"/>	Canton <input type="checkbox"/>
Augusta <input type="checkbox"/>	Decatur <input type="checkbox"/>	Manchester <input type="checkbox"/>	Jasper <input type="checkbox"/>
Bainbridge <input type="checkbox"/>	Forsyth <input type="checkbox"/>	Statham <input type="checkbox"/>	Milton <input type="checkbox"/>
Rome <input type="checkbox"/>	Tucker <input type="checkbox"/>	Roswell <input type="checkbox"/>	St. Mt <input type="checkbox"/>
Fayetteville <input type="checkbox"/>		Avondale Estates <input type="checkbox"/>	
Seeking	Full-time Work <input type="checkbox"/>	Part-time Work <input type="checkbox"/>	Internship <input type="checkbox"/>
Where did you learn about DDM?			
Date available for work:			
Position or type of work desired: 1 st choice		2 nd choice	

EDUCATION

	Name of School	Course of Study	Years Completed	Diploma Degree
Graduate Professional				
College				
High School				
Other (Specify)				

Please describe any specialized training or skills such as computer skills, Military Service, extracurricular activities, hobbies, or recreational activities in which you have participated. (You may exclude any activities which would reveal gender, race, national origin, age, disability, or other protected status.)

GENERAL

Have you ever been convicted or, or pleaded guilty or nolo contendere to a crime? Y <input type="checkbox"/> N <input type="checkbox"/>
Have you ever been convicted of D.U.I.? Y <input type="checkbox"/> N <input type="checkbox"/> Are there any Felony charges against you? Y <input type="checkbox"/> N <input type="checkbox"/>

Do you have more than 2 driving violations in the past three years? Y <input type="checkbox"/> N <input type="checkbox"/>				
Do you use: Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Controlled Substances <input type="checkbox"/>				
EMPLOYMENT EXPERIENCE				
Start with your present or last job. Include any job-related, military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.				
Employer 1:		Dates Employed		Work Performed
Address:		From	To	
Phone #:				
Job Title:		Supervisor:		
Reason for leaving:				
Employer 2:		Dates Employed		Work Performed
Address:		From	To	
Phone #:				
Job Title:		Supervisor:		
Reason for leaving:				
Employer 3:		Dates Employed		Work Performed
Address:		From	To	
Phone #:				
Job Title:		Supervisor:		
Reason for leaving:				
Employer 4:		Dates Employed		Work Performed
Address:		From	To	
Phone #:				
Job Title:		Supervisor:		
Reason for leaving:				
CHARACTER REFERENCES				
Name of reference NOT a relative or former employer:				
Address:				
Phone #:		Occupation:	# of years known:	
Name of reference NOT a relative or former employer:				
Address:				
Phone #:		Occupation:	# of years known:	
Name of reference NOT a relative or former employer:				
Address:				
Phone #:		Occupation:	# of years known:	

SIGNATURE AND FINAL STATEMENTS

Please review your answers carefully and read each paragraph before signing below.

By my signature below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I agree to immediately notify DDM if I should be charged with, convicted of, or plead guilty or nolo contendere to a felony of any kind, or any crime involving dishonesty or breach of trust, or any crime against a person, or any crime involving an allegation of sexual misconduct or impropriety.

I authorize the investigation of all statements contained in this application. I also authorize DDM to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment. I authorize any person, school, current employer, past employer(s), and organizations to provide DDM with any information and opinions, whether or not documented, and I hereby release them from any legal liability in providing such information.

I understand and agree that, if offered a job, I may be required to submit to a drug/alcohol test at the time of the offer and at any time during my employment. If not employed, this application will be retained for 12 months for future reference. (If employed, the employment application will become part of your personnel file.)

I understand and acknowledge that, unless otherwise denied by applicable law, any employment relationship with this organization is an "At Will" nature, meaning that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

Signature:

Date:

Signature is required for application to be processed.

You must also sign an authorization for request of references, a motor vehicle report, a criminal records check, and immigration verification. If you are employed, a physical examination may be required.



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EMPLOYMENT REFERENCE #1

Applicant's Name: _____ Date: _____

Reference's Name: _____

Reference's Street Address: _____

City, State, Zip: _____

Day Phone #: _____ Night Phone #: _____

Fax #: _____ Email: _____

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc., in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Signature: _____

OFFICE USE ONLY

1. What were his/her dates of employment?

2. What was his/her reason for leaving your employment?

If your company's policy is to only verify employment date, please note such policy under "Other Comments" at the bottom of the reference form.

3. Would you rehire this individual? Yes No
Comments: _____

Reference's Signature: _____ Title: _____ Date: _____



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EMPLOYMENT REFERENCE #2

Applicant's Name:		Date:
Reference's Name:		
Reference's Street Address:		
City, State, Zip:		
Day Phone #:	Night Phone #:	
Fax #:	Email:	

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc., in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Signature:

OFFICE USE ONLY

1. What were his/her dates of employment?

2. What was his/her reason for leaving your employment?

If your company's policy is to only verify employment date, please note such policy under "Other Comments" at the bottom of the reference form.

3. Would you rehire this individual? Yes No

Comments:

Reference's Signature:	Title:	Date:
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PERSONAL REFERENCE CHECK
(Friend or co-worker not related to you.)

Applicant's Name: _____ Date: _____

Reference's Name: _____

Reference's Street Address: _____

City, State, Zip: _____

Day Phone #: _____ Night Phone #: _____

Fax #: _____ Email: _____

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc., in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Signature: _____

OFFICE USE ONLY

1. How long and in what capacity have you known this person?

2. To the best of your knowledge, has this person ever been formally charged with any crimes alleging mistreatment or exploitation of anyone?

3. Do you know if this applicant is involved with drugs, has a substance abuse problem, or uses alcohol?

4. What do you feel is this applicant's primary assets and liabilities for this position??

5. Do you know of any reason the applicant should not be considered for this job?

Reference's Signature: _____ Title: _____ Date: _____