Application of Employment for The Rhythm Centre

The Rhythm Centre is an Equal Employment Opportunity Employer.

Date:

Last Name:

First Name:

Middle Name:

Email:

Street Address:

Home Phone:

City State Zip How Long at Present Address?:

Position Applying For Location:

Wages Expected:

Were you previously employed by this organization?:
No Yes, Date(s)
Program / Other

How did you learn of this position? List any relatives or friends working at the Rhythm Centre (Name/ Relationship).:

In case of accident notify: Phone:

EDUCATION Name and Location of School Course of Study:

No. of Years Completed:

Did You Graduate?:

Diploma or Degree:

High School: Yes/ No

Trade/Business School: Yes /No

College or University: Yes /No

Graduate School: Yes/ No

IF you have you been convicted of a crime, excluding misdemeanours and summary offenses, which has not been annulled, expunged or sealed by a court, please be prepared to discuss when contacted for an interview. While a conviction record will not necessarily be a bar to employment, the position for which you are applying may be subject to state law that requires mandatory or presumptive disqualification based on a conviction for one or more types of criminal offenses.

Can you verify your legal rights to work in Australia . by providing a birth certificate, Proof of Aus Citizenship, or by some other means? Yes /No

Do you have any physical or mental condition or disability which precludes or limits your ability to perform the job(s) for which you are applying? **No /Yes** If "Yes," please explain and describe whether there is a method or appliance which can overcome the condition or disability to enable you to perform the job:

EXPERIENCE - List present and former employers for last 10 years beginning with most recent.
You may also include work performed as a volunteer in this section.
Name and Address of Company:

Supervisor Describe your work:

Last Date Reason for Leaving:

Wages Started/Left Leaving:

May we contact the above employers? **Yes No** If "No," indicate which one(s) you do not wish us to contact.

Additional Remarks:

APPLICANT'S CERTIFICATION - Please read carefully before signing.
I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge. If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature Date

Disclosure: As part of its employment practice, the Rhythm Centre obtains Criminal Offender Record Information **Authorization**: As an applicant or employee for the **Position**:

_____,

Program/Other _____ Location: _____

I authorize the Rhythm Centre to obtain a check on me, to investigate all statements included in my resume or employment application, and conduct other background checks as appropriate for this position. If hired, this authorization will allow the Rhythm Centre to obtain additional reports for employment purposes such as promotion or review. I understand that the information obtained by The Rhythm Centre. Will not necessarily disqualify me from employment and that I may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of my rights.

The information below is correct to the best of my knowledge.

_____ _____

Signature Date

_____ _____

PRINT Last Name First Name Middle Name Maiden name or alias

_____ _ _____ _____ _____

Gender Social Security Number Date of Birth * ID Theft Index PIN (if applicable)

Mother's Maiden Name**:** _____ Place of Birth:

_____

Have you been a resident of other states since 16? **Yes No** (circle one) **If YES, complete the following:**

State Zip Code or COUNTY State Zip Code or COUNTY

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Required by the Rhythm Centre : ***Attach copy of Driver's license. If none available, attach a government issued photo ID.***

Height: _____ Weight: _____ Eye Color: _____

State Driver's License #: _____

I have reviewed this person's Driver's License or _____(name government issued photo ID used) and have verified the above information.

Signature of Authorized Representative: _____