

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ARCH PERFORMS POST-OFFER WORKER'S COMPENSATION BACKGROUND CHECKS

PART I - PERSONAL INFORMATION

Applicants Name *

First Last

Address

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

United States

Country

Phone *

(###) ### - ####

Email *

PART II - POSITION INFORMATION

Position applied for *

If referred by a current employee, please supply their name

Have you ever been employed with us before? *

If yes, give date

MM / DD / YYYY

Are you currently employed? *

May we contact your employer?

Are you prevented from becoming lawfully employed in this country? *

Are you currently on "layoff" status to recall? *

On what date are you available to start work?

MM / DD / YYYY

Have you been convicted of any felony? *

Are you available to work

- Full Time
Part Time
Seasonal

DRIVING REQUIREMENT

Employee eligibility to drive company vehicles is required for many positions. Please assist us further in evaluating your qualifications by completing this section. Check all boxes that apply. *

- 1. Age 18-20 qualifies as non-driver.
- 2. Age 21 - 22 may have one (1) minor moving violation.
- 3. Age 23 and over must present no more than one (1) accident and/or two (2) minor tickets in the last three years; must have no major moving violations in the last five years.
- 4. Age 21 and over who do not meet conditions in #2 and #3
- 5. Age 21 and over with no citations / moving violations.
- 6. A minimum of 3 years driving experience.

PART III - EDUCATION

Highschool ***Location *****Course of study****Years Completed *****Degree or diploma earned****Undergraduate School****Location****Course of Study****Years Completed****Degree or Diploma Earned *****Graduate School****Location****Course of study****Years Completed****Degree or Diploma Earned****Other****Location**

Course of Study

Years Completed

Degree or diploma earned

PART IV - SKILLS

(please check all that apply)

- CPR
- ISP
- First Aid
- Sign Language
- Behavior Management
- Basic Supervision
- CIT
- Article IX
- Computer Skills
- Foreign Language
- Fluent

If Fluent please explain

PART V - EMPLOYMENT HISTORY

(most recent first)

Employer *

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone *

 - -

From *

 / / 

To *

 / / 

Starting Salary *

 .

Ending Salary *

 .

Supervisor *

Reason for leaving *

Duties performed *

Employer

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone

 - -

(###) ### ####

To

 / / 

MM DD YYYY

From

 / / 

MM DD YYYY

Starting Salary

\$.

Dollars

Cents

Ending Salary

\$.

Dollars

Cents

Supervisor

Reason for leaving

Duties performed

Employer

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone

 - -

(###) ### ####

From



/ /
MM DD YYYY

To

/ / 
MM DD YYYY

Starting Salary

\$.
Dollars Cents

Ending Salary

\$.
Dollars Cents

Supervisor

Reason for leaving

Duties performed

PART VI - REFERENCES

WORK

Name *

First Last

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

United States 

Country

Phone *

- -
(###) ### ####

Name *

First Last

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

United States 

Country

Phone *

- -
(###) ### ####

Name

First Last

Address

Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country

Phone

- -
(###) ### ####

PERSONAL (not related to you)

Name *

First Last

Address

Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country

Phone *

- -
(###) ### ####

Name *

First Last

Address *

Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country

Phone *

- -
(###) ### ####

Name *

First Last

Address *

Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country

Phone *

- -
(###) ### ####

EMERGENCY CONTACT

In case of emergency, whom should we contact?

Name *

Input fields for first and last name

First Last

Relationship *

Input field for relationship

Address *

Input field for street address

Street Address

Input field for address line 2

Address Line 2

Input field for city

City

Input field for state/province/region

State / Province / Region

Input field for postal/zip code

Postal / Zip Code

Dropdown menu for country

United States

Country

Phone *

Input fields for phone number

(###) ### ####

Name *

Input fields for first and last name

First Last

Relationship *

Input field for relationship

Address *

Input field for street address

Street Address

Input field for address line 2

Address Line 2

Input field for city

City

Input field for state/province/region

State / Province / Region

Input field for postal/zip code

Postal / Zip Code

Dropdown menu for country

United States

Country

Phone *

Input fields for phone number

(###) ### ####

PART VII - APPLICANT QUESTIONNAIRE

(please answer in complete sentences any questions left blank may delay your application process)

1. How do you view children and adults with developmental disabilities? *

Large text area for answer to question 1

2. Do you have any experience of developmentally disabled individuals and their special needs? If yes, please describe briefly your experience: *

Large text area for answer to question 2

3. You may be required to work with individuals with behavioral needs. Are you willing and able to perform this duty? *

4. Do you have any experience in working with behavioral issues? If yes, please describe briefly: *

6. You may be required to assist in the personal hygiene and feeding of a disabled individual. Are you willing and able to perform these tasks? *

7. Employees may be required to do extensive heavy lifting (40 lbs. or more) during an 8- or 12-hour shift. Are you willing and able to perform this task? *

8. You may be required to bend your knees to a squat position (keeping your back straight) to lift someone up from the floor or to transfer them from a wheelchair. Are you willing and able to do this task? *

You may be required to change soiled items on developmentally disabled individuals (male or female). Are you willing and able to do this task? *

PART VII - EEO SELF-IDENTIFICATION

ARCH is an equal employment opportunity employer. Certain laws and regulations regarding equal employment opportunity require us to compile annual statistical reports on applicants for employment and employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self Identification Form.

The information on this FEO Self-Identification Form is being requested and will be used solely for equal employment opportunity record-keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and, if hired by the Company, your personnel file.

Minority Identification

Sex Identification

PART IX - APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

This application will be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applicants are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge 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 charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

*

I agree to the above statement.

Today's Date *

 / /

MM DD YYYY

Submit