BOARD IN Birmingham

Job Application

Today's Date:_____

We consider applicants for all positions without regard to race, color, religion, gender identity, national origin, age, disability, veteran status or any other legally protected status.

PERSONAL INFORMATION

Full Legal Name: _____ Preferred Name: _____

Street Address: _____

City/State/ZIP: _____

Phone Number: _____ Email Address: _____

Are you at least 16 years old? Yes / No Are you legally eligible for employment in the U.S.? Yes / No

EMPLOYMENT INFORMATION

Date Available to Start: _____Please refer to the attached job description for the position for which you are applying. Are you able to perform all tasks with or without reasonable accommodation? _____ Describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

Are you seeking full time, part time or temporary employment?_____

Desired Salary: _____ Do you have reliable transportation? Yes / No

Are you available to work overtime? _____ Nights?_____Weekends?_____Holidays?_____

Other notes on availability:_____

_____

WORK EXPERIENCE:

1. Most Recent Employer

Company Name: _____Phone:_____

Address:_____Supervisor: _____

Job Title: _____ Dates of Employment: _____

Responsibilities:_____

_____

Reason for Leaving: _____

2. Previous Employer

Company Name: _____Phone:_____

Address:_____Supervisor: _____

Job Title: _____ Dates of Employment: _____

Responsibilities:_____

_____

Reason for Leaving: _____

BOARD IN Birmingham

EDUCATION:

Highest Level of Education: _____ School/University: _____

Graduation Year: _____Degree Earned: _____

SKILLS & CERTIFICATIONS

Please list any relevant to the position(s) you are applying for:

_____

_____

REFERENCES:

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

WHY WOULD YOU LIKE TO WORK AT BOARD IN BIRMINGHAM?

_____

_____

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Name:_____

Signature:_____ Date: _____