

NETWORK DAY SERVICE CENTER, INC.
402 WEST TENTH STREET
ROME, GA 30161
706-291-2580 FAX: 706-291-2582

APPLICATION FOR EMPLOYMENT

Please print and answer all questions. Use ink or typewriter.

Network Day Service Center, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Executive Director.

Date: _____ Position(s) applied for: _____
_____ Any part-time _____ Any full-time

Name: _____
FIRST MI LAST

Address: _____
STREET CITY STATE ZIP

County of Residence: _____

Home Phone: _____ Cell Phone: _____

What is the best way/time to contact you: _____

Are you related to anyone employed at Network ___ Yes ___ No If yes, name and relationship:

Have you ever worked for Network? ___ Yes ___ No If yes, when and how _____

Driver's history will be checked if driving is an essential function of the job.

Do you have a valid driver's license ___ Yes ___ No

License # _____ State _____ Class _____

Can you, after employment, submit verification of your legal right to work in the USA? ___ Yes, ___ No

If required, will you take a physical examination at your own expense? ___ Yes ___ No

How you ever been convicted of a felony? (A conviction will not necessarily disqualify you.)

___ Yes ___ No If yes, please explain: _____

Have you ever been fired or asked to resign from a job? ___ Yes ___ No If yes, please explain:

Write a brief paragraph explaining what skills and qualifications that you have that would make you a good candidate for this position:

EDUCATION

Do you have a GED ____ Yes ____ No

Schools Attended (Include High School)	Location	Number of Years Attended	Did you graduate?	Degree/Diploma/ Credits/Credentials Earned	Course of Study/Major

OTHER TRAINING

CERTIFICATION TYPE/DESCRIPTION	Granting Authority/Where Earned	Certification Number (if any)	Expiration Date (if any)
CPR			
Standard 1st Aid			
Certified Nurse Aide			
Certified Medication Aide			

CERTIFICATION TYPE/DESCRIPTION	Granting Authority/Where Earned	Certification Number (if any)	Expiration Date (if any)
State/University Affiliated Programs, An Introduction to Developmental Disabilities			
Commercial Driver's License (CDL)			
Nonviolent Crisis Intervention Training			
Other			
Other			

*** PLEASE READ CAREFULLY BEFORE SIGNING***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Network Day Service Center, Inc. (hereinafter referred to as "NDSCI"), such employment with NDSCI is at will, for no specified duration, and may be terminated by either NDSCI or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of NDSCI or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of NDSCI, except the Executive Director, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of NDSCI.

In consideration for employment with NDSCI, if employed, I agree to conform to the rules, regulations, policies and procedures of NDSCI at all times and understand that such compliance is a condition of employment. I understand that due to the nature of NDSCI business, attendance and punctuality are considered essential requirements of every job at NDSCI and that poor attendance or tardiness will result in disciplinary action to include termination.

I understand that if offered a position with NDSCI, as condition of employment, I may be required to submit to a pre-employment medical examination, drug screening and background checks to include motor vehicle report. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment, if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to NDSCI and /or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that resulted from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for employment after this period I must fill out and submit a new application

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Applicant's Signature

Date