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Visit us at www.juniorblind.org and Share Our Vision

EMPLOYMENT APPLICATION

(Equal Opportunity Employer)

_____

NAME (PRINT)

_____

POSITION

_____

DATE

Where did you learn about this job?

☐ Newspaper: _____
☐ Magazine: _____
☐ Website: _____
☐ Referring Individual: _____
☐ Other: _____

JUNIOR BLIND OF AMERICA

The Junior Blind of America does not discriminate in hiring based on race, color, religion, sex, marital status, age, national origin, sexual orientation physical handicap, disability, medical condition, ancestry, Vietnam veteran or other characteristic protected by state or federal law.

PERSONAL INFORMATION **All questions need to be answered for your application to be considered.**

Name: Last First Middle	Social Security Number:

(Note: This information is only necessary for verification of your prior work history and education.)
List all other names by which you have ever worked or been educated:

Present Address: Street Apt. No.	City	State	Zip Code

Home Telephone ( )	Cell/Message Telephone ( )	E-mail address

Are you 18 years or older? ☐Yes ☐No	Can you provide proof of right to work in the US? ☐Yes ☐No

EMPLOYMENT DESIRED

Position:_____ Full Time _____ Part Time _____ How many hours? _____

Date you can start:_____ Salary/Pay Desired:_____ Please put an amount. "Open" or "Negotiable" is not acceptable.

Have you ever applied to our company before? ☐Yes ☐No When? _____ What position? _____

Have you ever worked for our company before? ☐Yes ☐No Dates? _____

Was termination voluntary_____, or involuntary_____? Give exact reasons for leaving: _____

_____

Do you have a relative, by blood or marriage, working at Junior Blind? ☐Yes ☐No Relation type: _____

Name of Relative:_____

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform the essential job functions of the job which you are applying, with or without accommodation? ☐Yes ☐No

Do you have adequate transportation to and from work? ☐Yes ☐No

If requested, are you available to work (check all that apply): ☐Days ☐Evenings ☐Weekends ☐Overtime

EDUCATION

School Name (Print School Name)	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Other:				

EMPLOYMENT HISTORY **List last four employers beginning with your current or most recent**

Employer:	Type of business:	Telephone: ( )
Address:		

Start (mo/yr) _____/____ Salary:_____ End (mo/yr) _____/_____ Salary:_____ Hours per week: _____

Job Title: _____ Did your duties require you to work with children? ☐Yes ☐No

Description of duties: _____

Is this your current employer? ☐Yes ☐No

Supervisor: _____ May we contact? ☐Yes ☐No

Exact reason for leaving (If current employer, will you be resigning? Explain.): _____

Employer:	Type of business:	Telephone: ( )
Address:		

Start (mo/yr) _____/____ Salary:_____ End (mo/yr) _____/_____ Salary:_____ Hours per week: _____

Job Title: _____ Did your duties require you to work with children? ☐Yes ☐No

Description of duties: _____

Is this your current employer? ☐Yes ☐No

Supervisor: _____ May we contact? ☐Yes ☐No

Exact reason for leaving (If current employer, will you be resigning? Explain.): _____

Employer:	Type of business:	Telephone: ( )
Address:		

Start (mo/yr) _____/____ Salary:_____ End (mo/yr) _____/_____ Salary:_____ Hours per week: _____

Job Title: _____ Supervisor: _____

Description of Duties: _____

Exact reason for leaving (If current employer, will you be resigning? Explain.): _____

Did your duties require you to work with children? ☐Yes ☐No

Employer:	Type of business:	Telephone: ( )
Address:		

Start (mo/yr) _____/____ Salary:_____ End (mo/yr) _____/_____ Salary:_____ Hours per week: _____

Job Title: _____ Supervisor: _____

Description of Duties: _____

Exact reason for leaving (If current employer, will you be resigning? Explain.): _____

Did your duties require you to work with children? ☐Yes ☐No

SERVICE RECORD

U.S. Military or Naval Service: _____ Rank: _____

Relevant skills acquired during military service: _____

CRIMINAL MATTERS

Have you ever been convicted of a dishonest, fraudulent or criminal act (other than a minor traffic violation)? ☐Yes ☐No
If yes, please explain in detail as to date(s), nature and number of convictions (please use additional sheets, if necessary).

Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or dropping of the charge, or for which you are out on bail or your own recognizance pending trial)? ☐Yes ☐No

Explain fully. A charge will not necessarily disqualify an applicant. _____

UNEMPLOYMENT HISTORY

Please account for any time greater than one month you were not employed in the last ten years after leaving school (please include time period and reason):

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

Name	Telephone	Occupation	Years Known
	( )		
	( )		
	( )		

MISCELLANEOUS

Do you have any commitments to another entity, business or person that might affect your employment with Junior Blind of America? ☐Yes ☐No

Explain fully: _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

_____ _____

Date **Signature of Applicant**

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment to a position at the Junior Blind of America (Junior Blind), I will comply with all rules and regulations of this Junior Blind. I understand that Junior Blind reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to Junior Blind. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.
INITIAL _____

I further understand that Junior Blind may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [ ].
INITIAL _____

I further understand that Junior Blind may contact my previous employers. I authorize those employers to disclose to Junior Blind all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Junior Blind , and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Junior Blind with any pertinent information they may have regarding myself.
INITIAL _____

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to Junior Blind is found to be false or incomplete in any respect, I may be dismissed.
INITIAL _____

I further agree and acknowledge that Junior Blind and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both Junior Blind and I agree that any claim, dispute, and/or controversy that either I may have against Junior Blind (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or Junior Blind may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with Junior Blind shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision and both I and Junior Blind give up our right to trial by jury of any claim I or Junior Blind may have against each other.**
INITIAL _____

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either Junior Blind (employer) or me at any time and for any reason whatsoever, with or without good cause.
INITIAL _____

This is the entire agreement between Junior Blind and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of Junior Blind. No supervisor or representative of Junior Blind, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.
INITIAL _____

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.
INITIAL _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A JUNIOR BLIND REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

Date **Signature of Applicant**

EMPLOYMENT VERIFICATION AUTHORIZATION

I authorize **Junior Blind of America** to communicate with references, former employers, schools, and any other agencies with which they desire to communicate with and agree to hold such agencies harmless with respect to any information they may give. I specifically consent to disclosure in accordance with the provisions of all applicable federal and state laws.

Signature of Employee/Applicant	Date
Print Name	Social Security Number

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