

**Pride Developmental Services, Inc. Employment Application Form**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**



**FOR EMPLOYMENT CONSIDERATION, ALL INFORMATION MUST BE PROVIDED**

**PRIDE DEVELOPMENTAL SERVICES, INC. APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Other Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Days/hours available to work

No Pref _____	Thur _____
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(Complete Mailing address)</small>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PDS, Inc. APPLICATION FOR EMPLOYMENT**

<b>MILITARY</b>
HAVE YOU EVER BEEN IN THE ARMED SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No Specialty _____ Date Entered _____ Discharge Date _____

**Work experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address  City, State, Zip Code Phone Number (    )	Name of last Supervisor	Employment dates  From To	Pay or salary  Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements while you worked at this company.			

Name of employer Address  City, State, Zip Code Phone Number (    )	Name of last Supervisor	Employment dates  From To	Pay or salary  Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements while you worked at this company.			

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Pride Developmental Services, Inc. (hereinafter called PDS, Inc.), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of PDS, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/CEO of PDS, Inc.. Both the undersigned and PDS, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that PDS, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give PDS, Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release PDS, Inc. from any liability as a result of such contract.

I also understand that (1) PDS, Inc. has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application that PDS, Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, PDS, Inc. will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with PDS, Inc. shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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PDS, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity with PDS, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our agency!