



Links & Chambers Boys & Girls Academy

LINKS Community & Family Services

756 Upson St. Akron, Ohio 44305 * Office: 330-794-5230

☐ Volunteer

☐ Employee

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Application for al job openings are welcom and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected state, federal or local law. it is the intent of LINKS Community & Family Services fo comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security #	Home Telephone Number
ADDRESS: Street Number and Name, City, State , Zip Code	Number of years at present address	Message/Business Number + Ext
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address	E-Mail Address
Can you, after an offer of employment, submit verification of your legal right to in the United States <input type="radio"/> Yes <input type="radio"/> No		
Have you ever plead guilty to, or ben convicted of, a criminal offense (see below*) <input type="radio"/> Yes <input type="radio"/> No If yes, give dates and explain:		
(A conviction will not necessarily disqualify you)		
I understand that any and all continued eimployment with LINKS is dependent upon the results of my driving record, criminal history record, reference checks, and any other documents required that need to be verified. _____ Initial		
*CONVICTIONS: A conviction does not automatically mean you wi not be offered the job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important consideration in determining your eligiblity/continued employment. Give all the facts, so that a fair decision can be made. _____ Initial		

EMPLOYMENT DESIRED

POSITION(S) for which you are applying	Date available	Salary desired
--	----------------	----------------

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	YEARS ATTENDED FROM TO	Graduate? (yes/No)	Type of Degree	Major Subject/Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				

Highest Degree Earned (circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate

Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If you familiarity with a foreign language is listed on the job description, please describe you foreign language skill below.

Professional Memberships, Certificates or Licenses Held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable; please provide copies of any certications REQUIRED for the position for which you are applying.

EMPLOYMENT DATA PLEAS IST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

Company Name	Phone Number ()	Date of Employment From) Mo/Yr To (Mo/Yr
Company Address (Include Street, City, State, Zip Code)		
Job Title Start	Job Title Final	Base Rate of Pay Start Final
Supervisor (Name and Title)		
Description od Job Duties		

Company Name		Phone Number ()	Date of Employment From) Mo/Yr To (Mo/Yr	
Company Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Base Rate of Pay Start Final		
Supervisor (Name and Title)				
Description of Job Duties				
Company Name		Phone Number ()	Date of Employment From) Mo/Yr To (Mo/Yr	
Company Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Base Rate of Pay Start Final		
Supervisor (Name and Title)				
Description of Job Duties				

PROFESSIONAL/PERSONAL REFERENCES

(four references required: please include two relatives and use a star* to indicate which references are relatives)

Name	Address	Area Code	Phone Number
1			
2			
3			
4			

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that this application is only valid for the position for at present and that LINKS Community & Family Services (LINKS) is not obligated to retain or consider this application for future openings. I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. I understand that falsification of this application in any detail is grounds for disqualification from further consideration of or for dismissal from employment. I authorize LINKS to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with legal and proper interest. In the event of my employment, I will comply with all rules and regulations as set forth in LINKS policy manual or other communications distributed to employees, and understand as a condition of continued employment will be my compliance with LINKS controlled substance abuse and testing policy. I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered for.

If I am employed by LINKS, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of LINKS or myself. I understand that no manager, supervisor or representative of LINKS has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and LINKS.

I understand LINKS reserves the right to conduct criminal background and reference checks on all applicants being considered for employment. I hereby give my permission for LINKS to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agency, may include arrests and convictions. I understand that this information will be used, in part, to determine my eligibility for a position with LINKS. I understand that I will have an opportunity to review any disqualifying criminal history and that a procedure is available for clarification, if I dispute the record as received.

I have read the above statements and accept the same as a condition of my employment with LINKS.

Applicant Signature

Date of Application

LINKS Community & Family Services

756 Upson Street
Akron, Ohio 44305
330-794-5230

Background Check Authorization Form

Date: _____

I, _____, give LINKS Community & Family Services authority to run a background check on me. This background check is being conducted for volunteer/staff purposes only, and the information will be kept confidential.

Thank you.

Signature: _____

LINKS Community & Family Services

Staff/Volunteer Medical Information Release Form

Please Print and Complete All Areas

Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Emergency Telephone Numbers:

Phone numbers where the camp director and the administrative staff for the Boys & Girls after School Military Academy can contact person in case of emergency for the named above.

Emergency Contact Cell: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Insurance Carrier:

Insurance Group Name: _____ Phone: _____

Family Physicians Name: _____

Phone: _____

Date of Last Tetanus Shot: ____/____/____

Allergies, Conditions, dietary restrictions, special needs, medical concerns of which we should be aware:

Food: _____ Drug: _____

#Animal: _____ Other: _____

#I require the following medicine(s):

I am able to receive Tylenol or Ibuprofen if requested. Circle (YES or NO)

In case of Medical emergency I understand that, in the event medical treatment is required, every effort will be made to contact person(s) the emergency contact person, however, if cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for mywell-being. I hereby agree to indemnify and hold harmless LINKS Community & family Services, Grand haven Resort, Holy Trinity Lutheran Church, Open Door AG Church, volunteer, employees, and all staff from any liability.

Signature: _____ Date: _____

LINKS Community & Family Services

Permission to Release Photographs

Date: _____

I _____ give LINKS Community & Family Services permission to take and
(Please print name)

use my photos. I understand these photos will only be used for the promotion of the program and the organization.

Signature

**Disclosure Under the Fair Credit
Reporting Act and Consent to
Procurement of Consumer Report for
Employment Purposes**

The undersigned hereby authorizes Links Community & Family Services or its
(insured's name)
insurance agency A.J. Amer Insurance Agency, Inc, or its assigns, to obtain copies of
consumer reports, including motor vehicle reports, pertaining to me for employment
purposes and for use in rating and/or underwriting insurance for which the above named
employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting
agency may be used, and I do hereby authorize such use.

Signed: _____ Dated: _____

(Please Print)

Driver Name: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____

State Licensed (if other than Ohio): _____

Job Description: _____

Type of vehicle to be driven: _____ (service truck, heavy truck etc)