

Tri-Wil, Inc. / Porta Cras School

Application for Employment

PLEASE PRINT

Date of application _____

Name: _____
Last First Middle Name/Initial

Address: _____
Street City State Zip

Telephone (____) _____ Other (____) _____

Salutation: Dr., Miss., Mr., Mrs., Ms. Marital Status: _____ Ethnic Origin: _____

Social Security # _____ / _____ / _____ Date of Birth _____ / _____ / _____

PLEASE PROVIDE A COPY OF YOUR SOCIAL SECURITY CARD

Driver's License #: _____ State _____ Exp. Date _____

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE

Is your vehicle you plan to drive on campus insured? Yes / No Company _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD

Have you had any moving violations within the past 5 years? Yes / No

If yes, describe and what date: _____

Have you ever been convicted of a crime? Yes / No

If yes, describe and what date: _____

Position(s) Applied For: _____ Full time: _____ Part time: _____

Date available for work _____ / _____ / _____

Days of week available? _____ Hours available? _____

Are there days/times you are unable or unwilling to work? Yes / No

If Yes, when? _____

Have you ever been employed here before? Yes / No

If Yes, When? From _____ / _____ / _____ To _____ / _____ / _____

Do you have friends or relatives working here? Yes / No

If yes, please list name(s): _____

List your skills and qualifications relating to this job: _____

List other Training, Experiences and Community Involvement: (CPR/First Aid, Horse back riding, Team Coach, etc.)

RECORD OF EDUCATION

Name of High School(s)

Address

Did you graduate/receive diploma?

Yes / No

If Yes, what year? _____ If No, last year completed: _____

Do you have a GED? Yes / No

Year Received? _____

List Certificate(s) and/or Award(s): _____

Name of Trade School(s)

Address

Did you graduate/receive diploma?

Yes / No

If Yes, what year? _____ If No, last year completed: _____

List Degree(s), Certificate(s) and/or Award(s): _____

Name of College(s)

Address

Did you graduate? Yes / No

If Yes, what year? _____ If No, last year completed: _____

List Degree(s), Certificate(s) and/or Award(s): _____

HEALTH HISTORY

Do you have any physical, mental or medical impairment / disability that would limit your job performance for the position you are applying? Yes / No

If yes, please explain? _____

Have you ever had a problem with substance abuse? (I.e. alcohol, prescription medication, illegal drugs)

If yes, please explain? _____

Have you missed 3 or more consecutive days of work due to illness or injury within the past 2 years?

Date: _____ Explain? _____

**Possession or Use, Conviction of Use of any illegal substance on/off the job while employed at Tri-Wil, Inc. is cause for immediate dismissal.
ALL EMPLOYEES ARE REQUIRED TO SUBMIT TO RANDOM DRUG SCREENING.**

PRESENT AND PAST EMPLOYMENT

(Please begin with your most recent)

EMPLOYER _____ Telephone (_____) _____

Address _____ Job title _____

Describe work performed: _____

Dates employed: From _____ to _____ Supervisor _____

Pay rate _____ Reason for leaving _____

May we contact your present / past employer? Yes / No

EMPLOYER _____ Telephone (_____) _____

Address _____ Job title _____

Describe work performed: _____

Dates employed: From _____ to _____ Supervisor _____

Pay rate _____ Reason for leaving _____

May we contact your present / past employer? Yes / No

EMPLOYER _____ Telephone (_____) _____

Address _____ Job title _____

Describe work performed: _____

Dates employed: From _____ to _____ Supervisor _____

Pay rate _____ Reason for leaving _____

May we contact your present / past employer? Yes / No

The hourly pay scale is partially determined by the information provided on this application, our understanding of your skills and what we feel is appropriate for this position. To assist us in that determination we ask that you indicate at what level you think your pay scale should start, beginning after the introductory period – you can choose not to answer:

\$ _____ per _____ (hour, month or year)

This suggested pay rate is non-binding and will not be the determining factor regarding your employment opportunity at TRI-WIL, INC. This figure only insures that in our discussions we both have the same understanding of your income needs.

REFERENCES

(Please list at least two work references)

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

_____ Professional Reference _____ Personal Reference

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

_____ Professional Reference _____ Personal Reference

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

_____ Professional Reference _____ Personal Reference

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

_____ Professional Reference _____ Personal Reference

FOR OFFICE USE ONLY

JOB RELATED INFORMATION

EMPLOYER REFERENCE: _____

What was the nature of his/her job? _____

What did you think of his/her work? _____

Why did he/she leave your company? _____

Would you re-employ? _____

Additional comments: _____

PERSONAL REFERENCE #1: _____

Reliable: Attendance / Dependable
____ Good ____ Satisfactory ____ Poor

Confidential: Able to maintain privacy / Not prone to gossip?
____ Good ____ Satisfactory ____ Poor

Honest: Trustworthy / Truthful?
____ Good ____ Satisfactory ____ Poor

Suitable: Would you trust with your own children?
____ Good ____ Satisfactory ____ Poor

Additional comments: _____

PERSONAL REFERENCE #2: _____

Reliable: Attendance / Dependable
____ Good ____ Satisfactory ____ Poor

Confidential: Able to maintain privacy / Not prone to gossip?
____ Good ____ Satisfactory ____ Poor

Honest: Trustworthy / Truthful?
____ Good ____ Satisfactory ____ Poor

Suitable: Would you trust with your own children?
____ Good ____ Satisfactory ____ Poor

Additional comments: _____

PERSONAL REFERENCE #3: _____

Reliable: Attendance / Dependable
____ Good ____ Satisfactory ____ Poor

Confidential: Able to maintain privacy / Not prone to gossip?
____ Good ____ Satisfactory ____ Poor

Honest: Trustworthy / Truthful?
____ Good ____ Satisfactory ____ Poor

Suitable: Would you trust with your own children?
____ Good ____ Satisfactory ____ Poor

Additional comments: _____

References checked by: _____ Date: _____

JOB RELATED INFORMATION

INTRODUCTORY PERIOD: If my application is accepted, I understand that a six month introductory period will begin from the date I start work. Anytime during this period my performance may be evaluated regarding my job skills, performance, and attitude toward work in general, any assigned task specifically, etc. I further understand my job performance will be evaluated at the end of this period and annually thereafter and that I will be apprised of the results of these evaluations. I understand that this is not guaranteed employment, only TEMPORARY until TRI-WIL, INC. feels I have performed satisfactorily during this introductory period. **TERMINATION WITHOUT PRIOR NOTICE CAN BE FOR ANY REASON DURING THIS PERIOD.**

PERSONNEL MANUAL: If you are selected for employment at TRI-WIL, INC., you will be given a copy of the PERSONNEL POLICY AND PROCEDURES MANUAL which will supply information, guidelines and employee rules as well as more details concerning the topics in this application. This manual will also offer insight into the operational philosophy of TRI-WIL, INC. and give guidance as to what will be expected of you, as a new employee.

COMPENSATION: Pay period is MONTHLY. There is no set, time nor fixed rate regarding adjustments in compensation. This is a matter that is between each employee, individually, and TRI-WIL, INC.

BENEFITS: A benefit package is offered to all full time employees (32+ hr) only after successful completion of the introductory period. This benefit package currently consist of programs for MEDICAL, DENTAL, LIFE and RETIREMENT. Due to the ever changing cost of all benefit programs, TRI-WIL, INC. reserves the right to makes adjustments, changes, or deletions to said benefits whenever necessary.

ANNUAL LEAVE: Vacation time starts accumulating after completing the introductory period. Annual leave earned at rate of one day per month for each satisfactory completed month of employment. See policy manual for more detail.

SICK LEAVE: Sick leave starts accumulating after completing the introductory period. Sick leave is earned at the rate of one day per month for each satisfactory completed month of employment. Sick leave can not be used in lieu of or as part of vacation time nor used as a personal day off. If TRI-WIL, INC feels there is abuse of sick leave stringent disciplinary action will be taken against the offending employee. See policy manual for more detail.

HOLIDAYS: There are six paid holidays which employees are not required to work IF work schedule permits. When work schedule does not permit, reasonable alternate off-time will be scheduled by management. Holidays are:

New Year's Day	January 1 st
Martin Luther King	January 20 th
Independence Day	July 4 th
Labor Day	1st Monday in September
Thanksgiving Day	4th Thursday in November
Christmas Day	December 25 th

NOTICE: Alabama's "New-Hire Act of 1997" requires all employers to report the names of new or rehired employees to the State Directory of New-Hires.

~~ THIS REPORTING IS MANDATED BY THE FEDERAL WELFARE REFORM ACT OF 1996 ~~

APPLICANT'S AGREEMENT

~~PLEASE READ CAREFULLY~~

TRI-WIL, INC. is a residential treatment facility which operates Porta Cras School, a private residential school providing education and treatment for children experiencing serious learning problems and/or emotional conflicts.

TO WIT: All statements on this application are subject to investigation by any or all of the following means; a police records check; a fingerprint check; verification of past salaries, references and employers. Any information collected will be gathered and held in strictest confidence. Any collected information will be considered in determining your eligibility for employment.

This company is an equal employment opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, national origin or age. In addition we consider applicants for all positions without regard to marital or veteran status, the presence of a non-job-related medical condition, handicap or any other legally protected status.

No question on this application is asked for the sole purpose of limiting or excluding any applicant from consideration for employment. A false or dishonest answer to any question on this application or during job interview will be grounds for rating you ineligible for employment.

I agree, understand, and authorize that this company, TRI-WIL, INC., to investigate my background information relating to my employment. I authorize the person(s) or organization(s) referenced in this application to give TRI-WIL, INC. any and all information concerning my previous employment, education or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application. I release all such parties from all liability for any damage that may result from furnishing such information to TRI-WIL, INC.

SOME EXAMPLES OF PERMISSION GRANTED:

- 1) To check all personal references by making contact with individuals which I have listed.
- 2) To contact former employers to determine work history and employment status at the time of termination.
- 3) To have a duly constituted law enforcement agency, (Sheriff's or Police Department, ect.), complete a criminal records check.

~~ This is for the protection of the children we serve now and in the future. ~~

I understand there is a certain amount of risk involved in working around emotionally disturbed children - possible physical and verbal aggression, minor property damage stealing, etc. As a new employee I will be instructed how to minimize the possibility of these events through mandatory employee trainings.

I hereby certify that this application has been fully read and completed by me and that all information supplied herein is true and complete to the best of my knowledge.

Signature of Applicant

Date ____ / ____ / ____

APPLICANT INFORMATION AGREEMENT

The following information will have to be turned in to the office before issuance of a paycheck.

- Application for Employment
- Copy of valid Alabama driver's license
- Copy of social security card
- State clearance register
- Child care practices manual acknowledgement
- Applicant's information agreement
- Personnel policy manual acknowledgement
- New hire form
- Form I-9
- State withholding for (A-4)
- Federal Withholding form (W-4)
- Form 8850
- Statement of job description & policies form
- New employee payroll information
- Medical questionnaire
- Vehicle insurance agreement
- Copy of vehicle insurance
- Emergency Information form
- Copy of GED/Diploma/Highest Degree
- State of Alabama background investigation (fingerprints)
- Picture for Employee ID
- Medical report form Doctor's office: Physical, TB-test and drug screen

I understand that if I am hired that I will not receive a paycheck unless **ALL** of the above information is completed and turned in to personnel.

Signature of Applicant

Date ____/____/____

Signature of Supervisor

Date ____/____/____