



Employment Referral Questionnaire

Name: _____

Date: _____

What position are you interested in applying for? _____

Where did you see or hear about ARCA (PLEASE MARK ONLY ONE SELECTION)

Print Ads:

Albuquerque Journal
 Albuquerque Tribune
 Phone Book
 TVI Times

Alibi
 Lobo
 Professional Publication
 Other Publication: _____

Employee at ARCA: _____

Former Employee of ARCA: _____

Relative of ARCA Employee: _____

Consumer/Client of ARCA: _____

Radio:

97.3 FM Channel 105 Other What station? _____

Television:

WB19/UPN Commercial KFOX KOB KOAT CBS Cable
 Other Channel or TV segment (please list): _____

Job Fair:

Where was it held? _____

Signs:

ARCA "Now Hiring Banner" ARCA Flyer/Poster
 Marquis Bill Board

Other Sources:

NM Department of Labor
 Agency Serving Persons with Developmental Disabilities
 Temporary Employment Agency (please list): _____
 ARCA Web Page
 Social Networking (i.e. Facebook, Twitter, Linked in)
 Jobing.com
 Other Web Site (please list): _____
 Organization serving women, minorities, veterans, and other groups
Please list which group: _____
 Self Referred
 Other? Please describe: _____



SOS International

**PO Box 10767
Albuquerque, NM 87184
505-890-0537
Sosbackgrounds.com**

AUTHORIZATION FOR RELEASE OF INFORMATION/ CONSUMER REPORT CONSENT (EMPLOYMENT)

I, _____, acknowledge that ARCA with whom I am employed, or to whom I have submitted an employment application, has advised me that the information requested below concerning my background is required to assist the Company in making an employment determination. The information developed and this document also may be used in determining my qualifications for future assignments and/or retention.

I hereby authorize the Company, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my educational, credit, employment, and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any and all agencies, organizations, institutions, governmental bodies, companies or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of the Company to include, but not limited to, record custodians, directors, agents, employees or any other authorized representatives of the Company from any and all liability for damages of whatever kind and nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempts to comply with, this authorization; and (4) termination of my employment, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statements and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to employment if any such statements and/or answers are found false or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of my employment.

I hereby acknowledge that I have read and understand the Federal Fair Credit Reporting Act Consumer Report Disclosure-Pre Adverse Action regarding the obtaining of a Consumer Report about me from a Consumer Reporting Agency. I hereby authorize the Company to obtain Consumer Reports from Consumer Reporting Agencies to aid in its determination of whether to hire or continue to employ me. I understand that I have certain rights under the Fair Credit Reporting Act, as disclosed in the Disclosure, and that I can receive further information regarding my rights by contacting the Federal Trade Commission.

I hereby certify that I have read and understand the foregoing.

Printed Name: _____

Other Names Used/Alias's _____

Date of Birth: _____ SSN: _____

Drivers License Number _____ State Issued _____

Address: _____

States of residency for past 10 years ___ / ___ / ___ / ___ / ___ / ___

Signature: _____ Date: _____

EMPLOYER USE ONLY:

Package Requested _____ Other Items Requested _____



Caring for people with mental retardation and developmental disabilities since 1957.

11300 Lomas Blvd. NE Albuquerque, NM 87112 (505) 332-6700, fax 332-6800

AN EQUAL OPPORTUNITY EMPLOYER

IDENTIFICATION:

Name *Social Security Number*

Current Address *Apt./Sp.#* *City* *State* *Zip Code*

Email Address *Home Phone* *Cell Phone* *Work Phone*

Position Applied For: _____

Referral Source: _____

Desired Work Schedule: _____ *Full Time* _____ *Part Time* _____ *Hours Available*
 ___ *Mornings (Generally 6am – 2pm)* ___ *Evenings (Generally 2pm – 10pm)* ___ *Weekends (Saturday/Sunday)*
 ___ *Night Awakes (Generally 10pm – 8am)* ___ *All shifts* *Other:* _____

Are you a previous ARCA employee? _____ *Yes** _____ *No*
***If so, what dates were you employed?** _____

RECORD OF EDUCATION:

Do you have a HS Diploma/GED? Circle: Yes or No

If hired, you will need to provide original document/transcript

(Include High School, College and/or Vocational Training)

School Name & Address	Course of Study	Years Completed	Did you Graduate?	Diploma/ Degree
Name: Address: City, State:				
Name: Address: City, State:				
Name: Address: City, State:				

ARCA's mission is to work together to open doors for people with developmental disabilities to be valued members of the community.

PRIOR WORK HISTORY:

*(List **all** work history, in order, **last** or **current employer** first.) Please account for any gaps in your employment. Incomplete applications may not be considered for employment.*

1) **Employer Name:** _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment (month/year): _____ TO _____ Salary: \$ _____
Position Held: _____ Supervisor: _____
Job Duties: _____

Reason for Leaving: _____

2) **Employer Name:** _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment (month/year): _____ TO _____ Salary: \$ _____
Position Held: _____ Supervisor: _____
Job Duties: _____

Reason for Leaving: _____

3) **Employer Name:** _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment (month/year): _____ TO _____ Salary: \$ _____
Position Held: _____ Supervisor: _____
Job Duties: _____

Reason for Leaving: _____

4) **Employer Name:** _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment (month/year): _____ TO _____ Salary: \$ _____
Position Held: _____ Supervisor: _____
Job Duties: _____

Reason for Leaving: _____

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Applicant Name: _____

PRIOR WORK HISTORY (continued):

5) Employer Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment (month/year): _____ TO _____ Salary: \$ _____

Position Held: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

6) Employer Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment (month/year): _____ TO _____ Salary: \$ _____

Position Held: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

7) Employer Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment (month/year): _____ TO _____ Salary: \$ _____

Position Held: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

8) Employer Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment (month/year): _____ TO _____ Salary: \$ _____

Position Held: _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

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Applicant Name: _____

Describe other relevant work history: *(Employer Name, Location, Dates, etc.)* _____

Are there any other experiences, skills, or abilities that you feel especially qualify you to work with our company? This space may also be used to continue answers to items on preceding pages.

Have you ever been convicted of a crime?* _____ Yes _____ No

**A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Have you ever served in the Military? _____ Yes _____ No

MILITARY SERVICE RECORD:

BRANCH OF SERVICE	DATES	DUTIES PERFORMED

ARCA's mission is to work together to open doors for people with developmental disabilities to be valued members of the community.

Applicant Name: _____

PROFESSIONAL REFERENCES *(Please include prior supervisors and/or members of management staff. Please exclude relatives):*

Name & Occupation	Years Known	Address	Phone #
1. Name: Job Title: Company:			Daytime: Cell: Home:
2. Name: Job Title: Company:			Daytime: Cell: Home:
3. Name: Job Title: Company:			Daytime: Cell: Home:
4. Name: Job Title: Company:			Daytime: Cell: Home:

PRE-EMPLOYMENT STATEMENT: *(Please read carefully and sign the statements below)*

I, _____, understand and agree that:
(Print Name)

- The information contained in this application is correct and complete. I understand that knowingly making a false statement or omission in this application will result in rejection of this application or dismissal after employment. I also understand that my signature on this form indicates my consent to a background check of my education, work history, driving record, criminal convictions, and any other information that ARCA may deem necessary to know for the protection of the persons we serve. I hereby waive and release any and all rights or causes of action that may arise out of the furnishing of this information. I also understand that if I am hired, that my employment is conditional upon a satisfactory reference check, satisfactory criminal record check, and that I must successfully pass a test for the presence of illegal drugs or alcohol. Prospective employees who fail the drug and alcohol test may not reapply for employment with ARCA for a minimum of one year.
- ARCA reserves the right to search any and all personal property on ARCA's homes, grounds, vehicles, and buildings. Employee entry on ARCA's premises or work sites constitutes consent to searches or inspections. Consent to such searches and inspections is a condition of initial employment. Consent to a particular search at the time of the search is a condition of continued employment and refusal may result in immediate termination of employment.
- Employment with ARCA is at-will and employment may be terminated at any time by the employee or ARCA for any reason or for no reason at all. The rules, regulations, policies, procedures and benefits provided by ARCA are only guidelines, and in no way constitute an employment or other contract expressed or implied, for employment between an employee and ARCA. ARCA reserves the right to revise any or all of its rules, regulations, policies, procedures and benefits in any way with or without prior notice at any time, and this does not alter the at-will nature of the employment relationship in any way. The at-will status of employment cannot be altered by oral statements made by ARCA employees, supervisors or management.

Signature: _____

Date: _____

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REFERENCE FOR POTENTIAL EMPLOYMENT

To The Applicant: Please sign this form in order to authorize your previous employers to release information about your work history.

I AUTHORIZE THE RELEASE OF INFORMATION REQUESTED ON THIS FORM TO ARCA, OR ITS AGENTS. I WAIVE AND RELEASE ANY AND ALL CLAIMS WHICH I MAY HAVE ARISING OUT OF THE FURNISHING OF THIS INFORMATION.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

APPLICANT: DO NOT WRITE BELOW THE DOTTED LINE

.....

TO THE PREVIOUS EMPLOYER:

The applicant listed above has applied for a position with the ARCA, and has listed you as a previous employer or reference. Please complete the questions on this form in order to assist the ARCA with the selection process.

1. **Company Name:** _____
2. **Employment Dates:** *From* _____ *to* _____
3. **Job Title:** _____
4. **Reason for Leaving:** _____
5. **Salary at Termination:** _____
6. **Is applicant eligible for rehire?** _____
7. **Describe applicants work performance while in your employ:** _____

8. **Describe any problems with this applicant's work performance:** _____

9. **Do you have any reason to believe this applicant could or would intentionally do harm to other ARCA employees or clients? If so, please explain:** _____

Signature _____ *Title* _____ *Date* _____

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EQUAL EMPLOYMENT OPPORTUNITY DATA

ARCA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ARCA invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER _____ **Female** _____ **Male**

ETHNIC OR RACIAL IDENTITY - With which race/ethnicity do you primarily identify?

___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

___ **American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ **I DO NOT WISH TO ANSWER THESE QUESTIONS.**

Please print your name and sign this questionnaire even if you choose not to answer the questions.

Date

Print Name

Signature

Working together to open doors for people with developmental disabilities to be valued members of the community

VETERAN STATUS DATA

ARCA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ARCA invites applicants and employees to voluntarily self-identify their **veteran status**. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

VETERAN STATUS INFORMATION

YES **NO** **Are you a Covered Veteran:** means a veteran as defined in the four veteran categories below

If **YES**, please check applicable status below (check all that apply):

Disabled Veteran: means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>

Armed Forces Service medal Veteran: means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209) at

Recently Separated Veteran: means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

GENDER: Male Female

I DO NOT WISH TO ANSWER THESE QUESTIONS.

Position applied for: _____

Please print your name and sign this questionnaire even if you choose not to answer the questions.

Date

Print Name

Signature

Working together to open doors for people with developmental disabilities to be valued members of the community.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.