



*Enhancing and empowering the lives of persons with disabilities
in Stark County through specialized job training and community supports.*

WORK TRAINING EMPLOYMENT APPLICATION

Equal Opportunity Employer

Position Desired: _____ Date Applied: _____

To ensure you are able to perform the duties of the job you are applying, please ask for a job description

APPLICATION INFORMATION

Last Name	First	M.	SSN (required)					
Date of Birth (required)								
Have you ever worked under a different name?								
Are you legally eligible for employment in the United States?								
Street Address								
City	State	Zip Code						
Primary phone		Home or Cell						
Additional phone		Home or Cell						
Email								
How did you hear about WLLC?								
Availability:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Desired Weekly Hours:
Are you 18 years or older?					Date available to start?			
Do you have a reliable method of getting to work?								
Are you interested in transporting individuals to/from the job site?							If yes, please provide DL info	
DL#:		State?			Exp?			
Are you able to provide proof of vehicle insurance?								

BY OHIO LAW, ALL EMPLOYMENT AT WLLC IS CONTINGENT UPON A SATISFACTORY CRIMINAL BACKGROUND CHECK. THIS BACKGROUND CHECK INCLUDES YOUR FINGERPRINTS BEING SUBMITTED TO THE OHIO BUREAU OF CRIMINAL INVESTIGATION AND THE FEDERAL BUREAU OF INVESTIGATION FOR REVIEW. IF THE POSITION YOU ARE APPLYING FOR INCLUDES DRIVING AGENCY VEHICLES OR TRANSPORTING TRAINEES IN YOUR PERSONAL VEHICLE, YOUR EMPLOYMENT MAY BE CONTINGENT ON A MOTOR VEHICLE RECORD THAT IS ACCEPTABLE TO OUR INSURANCE COMPANY. EMPLOYMENT IS ALSO CONTINGENT UPON SUCCESSFULLY PASSING A DRUG/ALCOHOL TEST AND REFUSAL TO TAKE SUCH TESTS WILL DISQUALIFY YOU FOR EMPLOYMENT AND/OR RESULT IN YOUR DISCHARGE IF HIRED.



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REFERENCES (please include at least **one** professional reference)

In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1b), WLLC will attempt to obtain a reference from your references	
NAME	Association to you?
Company Name	
Years Known	Phone / Email:
NAME	Association to you?
Company Name	
Years Known	Phone / Email:
NAME	Association to you?
Company Name	
Years Known	Phone / Email:

EDUCATION AND TRAINING

High School Name & Location:					
Did you graduate?	Yes	No	GED Obtained?	Yes	No
Business / Technical School: (Name, City, State)					
Years Completed?			Degree Earned?		
Undergraduate College: (Name, City, State)					
Years Completed?			Honors/Degree/Specialty/ Course of Study:		
Graduate or Trade School: (Name, City, State)					
Years Completed?			Degree Earned?		

EMPLOYMENT (begin with most recent employer and do not substitute “see resume” in this section)

Company	Phone
Street Address	
City	State Zip
Job Title	Supervisors Name
Responsibilities	
Reason for Leaving	
Dates Employed: From	to Rate of Pay:
In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1a), WLLC will attempt to obtain a reference from this employer	



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PREVIOUS EMPLOYMENT CONTINUED		
Company	Phone	
Street Address		
City	State	Zip
Job Title	Supervisors Name	
Responsibilities		
Reason for Leaving		
Dates Employed: From to Rate of Pay:		
In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1a), WLLC will attempt to obtain a reference from this employer		
Company	Phone	
Street Address		
City	State	Zip
Job Title	Supervisors Name	
Responsibilities		
Reason for Leaving		
Dates Employed: From to Rate of Pay:		
In accordance with Ohio Administrative Code 5123:2-2-02, (14)(1a), WLLC will attempt to obtain a reference from this employer		

SKILLS AND EXPERIENCES

Please use this space to list any special skills, or volunteer experiences that may relate to the position for which you are applying:

If you have a gap in your work history, please explain this gap below:

PRINT NAME

SIGNATURE

DATE



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Authority to Release Information

Having made an application with *Whole Latte Love Café, Inc.*, and desiring that they be informed of my personal record pertinent to their investigation, I hereby authorize *Whole Latte Love Café, Inc.*, members of their administrative staff or their Board of Directors, to investigate my background, and fingerprint me to obtain all records which may be of interest to them.

I understand that investigative background inquiries may be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my general reputation, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that *Whole Latte Love Café, Inc.* will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my references, driving credit, criminal and court records, education, concerns associated with the global terrorist watch list, and other experiences.

I understand that I will be required to take and successfully pass a drug/alcohol test as a condition of employment and that refusal to take such tests will disqualify me for employment. This authorization to furnish information is executed in consideration of my possible employment, and if employed, for the duration of my employment (including contract services), with *Whole Latte Love Café, Inc.* and shall serve as a release of all liability to all parties furnishing such information to *Whole Latte Love Café, Inc.* and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy. I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

SIGNATURE

DATE

Last four (4) digits of SSN

Applicant’s Street Address (incl. Apt. #) City State Zip