



Genesis & Light Center

BEGINNING TO ENLIGHTEN OUR COMMUNITY

EMPLOYMENT APPLICATION

POSITION REQUESTED: _____ **APPLICATION DATE:** _____

NAME:

LAST

FIRST

MIDDLE

SOCIAL SEC #: _____ **EMAIL:** _____

DOB: _____ **MALE/FEMALE(M/F)** **SINGLE/MARRIED (S/M)**

ADDRESS: _____

Number and Name of Street

Apt#

City/Zip Code

CELL PHONE: _____ **EMAIL:** _____

EDUCATION: Please list all schools attended (high school to college):

SCHOOL NAME	AREA OF STUDY	GRADUATED (Yes or No)	DEGREE/DIPLOMA (Yes or No)	DATES ATTENDED
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1. _____

2. _____

EMPLOYMENT:

CURRENT OR FORMER EMPLOYER'S NAME AND ADDRESS: _____

AVERAGE HOURS WORKED: _____ **RATE OF PAY:** _____

DATE OF EMPLOYMENT STARTED: _____ **ENDED:** _____

TYPE OF BUSINESS: _____ **SUPERVISOR:** _____ **PHONE#:** _____

REASON FOR LEAVING OR CURRENT DUTIES: _____

FORMER EMPLOYER'S NAME AND ADDRESS: _____

AVERAGE HOURS WORKED: _____ **RATE OF PAY:** _____

DATE OF EMPLOYMENT STARTED: _____ **ENDED:** _____

TYPE OF BUSINESS: _____ **SUPERVISOR:** _____ **PHONE#:** _____

REASON FOR LEAVING & FORMER DUTIES: _____

DAY(S) AND TIMES YOU CAN WORK:

MONDAY _____
 TUESDAY _____
 WEDNESDAY _____

THURSDAY _____
 FRIDAY _____
 SATURDAY _____

If you are a teacher, what time is your planning period? _____

What is the best time to contact you? _____

Have you ever work or volunteered here before, when, describe service? _____

What are 3 words that best describes yourself? _____

What is the best method of contacting you? (Example: cell phone, home phone, email, text, fax, etc.)

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES NO

PLEASE LIST THEM: _____

THE GRADE LEVEL YOU'RE MOST COMFORTABLE TEACHING/TUTORING: _____

THE SUBJECT(S): _____

OTHER SKILL(S): _____

Check task(s) that you are interested in assisting Genesis and Light Center with		
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Fundraising - Coordinator	<input type="checkbox"/> Elder Care Program
<input type="checkbox"/> Christmas Sponsor Coord.	<input type="checkbox"/> Fundraising - Participant	<input type="checkbox"/> Summer of Drama Program
<input type="checkbox"/> Custodian Assistant	<input type="checkbox"/> Social Media	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Gardner Assistant	<input type="checkbox"/> Tutor - Summer	<input type="checkbox"/> Web Designer
<input type="checkbox"/> Fundraising - Banquet	<input type="checkbox"/> Tutor - After school	<input type="checkbox"/> Other _____

REFERENCES:

NAME: _____
 Name Address Telephone No.

NAME: _____
 Name Address Telephone No.

NAME: _____
 Name Address Telephone No.

How did you hear about our agency: Web Email Previous Client Friend/Family Other

I authorize that all information given in this application is true to the best of my knowledge. I give Genesis and Light Center authority to perform a background check to assure that I haven't committed any crimes that will jeopardize young people or conflict with this position. I further authorize investigation of all statements contained in this application as maybe necessary in arriving at a decision.

Signature: _____ DATE: _____

To be completed by Genesis & Light Administrative Staff only.		Interviewed by:	
<input type="checkbox"/> CPR Certification	<input type="checkbox"/> License(s) and/or Certification(s)	<input type="checkbox"/> Driving Record	
<input type="checkbox"/> Criminal Background Check	<input type="checkbox"/> Physical Examination	<input type="checkbox"/> COVID Vaccination: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> TB Screening	<input type="checkbox"/> Other _____	



Employee Name: _____ Employee SS#: _____

Address: _____

In Case of Emergency, Please Notify:

1) Emergency Contact Name _____
Relationship to Employee _____

Contact Address

Street: _____

City: _____

State: _____

Contact Phone

Phone (Include Area Code): _____ Phone Type: _____

Other Phone Number of Emergency Contact _____ Phone Type: _____

2) Emergency Contact Name _____
Relationship to Employee _____

Contact Address

Street: _____

City: _____

State: _____

Contact Phone

Phone (Include Area Code): _____ Phone Type: _____

Other Phone Number of Emergency Contact _____ Phone Type: _____

Please List all Medical Conditions and necessary treatment methods

Please List all prescription medication you are currently taking



SOCIAL MEDIA CONFIDENTIALITY AGREEMENT

Employee Name: _____

Our social media policy is tailor to prevent occurrences that are mention below. Our policy is drafted primarily to address employees' use of social media in the workplace and use of company resources however optional clauses addressing outside use of social media are also included. We actively encourage our employees to participate in social media for marketing and other business purposes but separate policy outlining personal and business guidelines have been adopted.

Social media should never be used in a way that violates any other Genesis and Light Center policies, client confidentiality, or employee obligations. Rule of thumb, if your post would violate any of Genesis and Light Center's policies in another forum (verbal or written), it will also violate them in an online forum.

I, _____ agree to adhere to Genesis and Light Center's social medial policies when using social media. In particular, the following policies should be kept in mind:

Employees are prohibited from using social media to:

- „ share confidential inter-company communications through social media without approval.
- „ share client's image through social media without approval.
- „ share confidentiality and proprietary data.
- „ Circumvent ethics and standards of conduct policies.
- „ Defame or disparage Genesis and Light Center or its affiliates, customers, clients, business partners, suppliers, vendors or other stakeholders.
- „ Harass current or former employees in any way.
- „ Circumvent policies prohibiting unlawful discrimination against current employees or applicants for employment.
- „ Violate Genesis and Light Center's privacy policies (for ex. never give out company password to unauthorized users)
- „ Access sites owned by the center, co-workers or other Genesis and Light Center stakeholders without permission.
- „ Violate any other laws or ethical standards (for example, never use social media in a false or misleading way, such as by claiming to be someone other than yourself or by creating an artificial "buzz" around our business, products or stock).
- „ never provide references to Genesis and Light Center on social or professional networking sites, as such references, can be attributed to Genesis and Light Center or yourself that's a defamation of a person's character or hurts someone's reputation based on falsehoods.
- „ All of any other social media activity that negatively interference with Genesis and Light Center's business, clients, prospective clients, staff, contractors, and other stakeholders.

Employees who violate Genesis and Light Center social media policies will be subject to discipline, up to and including termination of employment.

Signature: _____ DATE: _____



COVID-19 Safety Measure

Employee Name: _____

- I will notify my supervisor of my absence if I am feeling sick, have a cough, fever, or any other illness.
- Masks will be worn properly at times (covering nose and mouth) while working and in the presence of others.
- I will wash my hands frequently and upon entering the workplace.
- I will maintain social distancing while at work.
- I will notify my supervisor if exposed to anyone diagnosed with COVID-19.
- I understand that my workspace will be sanitized daily upon arrival and departure.

Employee's Signature

Date

Supervisor's Signature

Date