



Employment Application

It is the policy of the Clay Center to provide a harassment-free and equal employment opportunity work environment for all applicants and employees. The Clay Center is committed to complying with all applicable federal, state, and local regulations, which provide protection from discrimination for various groups of applicants and employees.

The Clay Center maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct, and attendance. Additionally, the Clay Center reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, unexcused absences, and the like. Violations of the policies will result in disciplinary actions by the Clay Center, which could include termination and prosecution. **THE EMPLOYMENT RELATIONSHIP AT THE CLAY CENTER IS AT WILL, AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER THE CLAY CENTER, OR THE EMPLOYEE.** Questions about these policies may be addressed to the President of the Clay Center. Please answer all the questions completely and accurately. *Incomplete applications may be rejected.*

Name (Last, First, Middle)		Home/Cell Phone	Email Address	Current Date
Present Address (Street, City, State, Zip Code)				
If you have lived at the above address for less than six months, also list your previous address				
Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your residency in U.S. based on a student visa? <input type="checkbox"/> YES <input type="checkbox"/> NO (proof of citizenship or immigration status will be required upon employment)				
Will you require employer sponsorship in order to remain eligible for work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Applicants must be presently authorized to work in the United States on a full-time basis.)				
Have you ever applied for employment at the Clay Center? <input type="checkbox"/> YES <input type="checkbox"/> NO			If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been employed by the Clay Center or Avampato Discovery Museum? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, when and position held?	
Are you related to anyone at the Clay Center? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, whom?	Relationship to you?	
How were you referred to the Clay Center?				
Have you ever been convicted of a criminal offense, or participated in pre-trial deferral or diversion program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Falsification, misrepresentation and/or omission of a criminal conviction is grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.) If answer is yes, indicate date (s) of conviction and the type (s) of offense (s); include those matters for which you may have plead guilty, no contest, or participated in pre-trial diversion program. _____				
Should you have criminal conviction or a pending charge, the Clay Center may be required to suspend or terminate your employment. Additionally, the Clay Center requires background investigations regarding criminal and/or credit records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by the Clay Center will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by the Clay Center.				

Position Applied For	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <i>INDICATE HOURS AVAILABLE TO WORK</i> M () T () W () TH () F () SA () S ()	
Salary Requirements (please specify)	Available Employment Date	How many hours per week do you prefer?
Would you be willing to work additional hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any limitations on your working hours? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain	
Are you aware of any circumstances, legal or otherwise, excluding medical conditions, which may limit the length of your employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain		
Will you work: NIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO SATURDAY <input type="checkbox"/> YES <input type="checkbox"/> NO SUNDAY <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		

High School Name	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Address (Street, City, State, Zip Code)	Course of Study		
College Attended	Attended: From To -	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	
College Attended	Attended: From To -	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	

Extracurricular activities: (Please exclude any organization in which the name or character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, age, marital status, sexual orientation or any other classification protected by federal, state or local law.)

Honors and Achievements:

List any courses taken that may be applicable to the position for which you are applying:

Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying.

Check All Applicable Skills	# of Years Used	Check All Applicable Skills	# of Years Used
<input type="checkbox"/> TYPING WPM _____		<input type="checkbox"/> Telemarketing/Sales	
<input type="checkbox"/> Cashier/Money Handling		<input type="checkbox"/> Data Entry Operator	
<input type="checkbox"/> Machine Equipment Operator		<input type="checkbox"/> Customer Service Rep.: Direct _____ Telephone _____	
Types: _____		<input type="checkbox"/> Second Language: _____	
<input type="checkbox"/> PC Software		Speak _____ (fluent)	
Word Processing _____		Write _____ (fluent)	
Spreadsheet _____			
Database _____			
Graphics _____			
Other _____			
<input type="checkbox"/> Supervisor # of people _____		<input type="checkbox"/> Manager # of people _____	

Please list all jobs held within the last ten (10) years, beginning with your present or most recent job. Include all self-employment, voluntary work, job-related military work experience, summer and part-time jobs. PLEASE ASK FOR ADDITIONAL SHEETS, IF NECESSARY.

Employer	Type of Business	Telephone #
Address (Street, City, State, Zip code)		Employed: From To --
Salary: beginning ending	Title of position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	Supervisor
Description of job duties and responsibilities: _____ _____ _____ _____		
Reason for leaving		
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)		
Were you involuntarily terminated from this position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you authorize us to contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Type of Business	Telephone #
Address (Street, City, State, Zip code)			Employed: From To --
Salary: beginning ending	Title of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	Supervisor
Description of job duties and responsibilities: _____ _____ _____			
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Were you involuntarily terminated from this position? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you authorize us to contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Type of Business	Telephone #
Address (Street, City, State, Zip code)			Employed: From To --
Salary: beginning ending	Title of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	Supervisor
Description of job duties and responsibilities: _____ _____ _____			
Reason for leaving			
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)			
Were you involuntarily terminated from this position? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you authorize us to contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	

References

Personal References: Names of Non-Relatives who can provide Professional and/or Character References
***You must include at least one person who has supervised you if this is not your first position.**

NAME	ADDRESS	TELEPHONE #	OCCUPATION	YRS. KNOWN

Certification

Please read carefully. If you have any questions regarding this statement, please discuss them with the President or Human Resources before signing:

“In the event of my employment, I agree to conform to the policies and any other rules and regulations of the Clay Center and acknowledge that these rules and regulations may be changed ,interpreted, withdrawn, or added to by the Clay Center at any time, at the Clay Center’s sole option and without prior notice to me. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application and any other Clay Center documents are not contracts for employment, and that my employment will be employment at will and can be terminated at any time, with or without cause or notice, at the option of either the Clay Center or myself. If hired, I understand that no modification or alteration of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the President.”

Initials

“The Clay Center has a drug-free workplace policy and applicants will have to pass a standard drug screen before beginning employment. I understand that the Clay Center may require me to undergo a drug test by medical staff and/or agent selected by the Clay Center as a condition of my employment and/or continued employment. I consent to the release of my drug test results to the Clay Center. I understand that medical examinations which are job-related and consistent with the Clay Center business necessity may be required of me once I am employed. I further release the Clay Center, including all its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination.”

Initials

“I understand that the Clay Center maintains a restricted smoking environment.”

Initials

“I understand that this application will remain open, for the JOB FOR WHICH I HAVE APPLIED, for a 60 (day) period.”

Initials

Initials

“I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent on completing all aspects of pre-employment and reference checking processes.

Applicant’s Signature

Date

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, the Clay Center for the Arts & Sciences of WV, Inc. (“the Clay Center”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as **IntelliCorp Records, Inc.**

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr., Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Clay Center can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Clay Center for the Arts & Sciences of WV, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Clay Center to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Clay Center.

Printed Name

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment or discharge after employment.

Printed Name

Applicant Signature

Date