



Application for Employment

(Please Print)

Date: _____

Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____ City, State, Zip _____

Social Security Number _____ Email _____ Telephone _____

Federal law prohibits the employment of unauthorized aliens.

ARE YOU EITHER AN US CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE UNITED STATE?

___ YES ___ NO

ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE: ___ YES ___ NO

Have you ever used an aliases or different social security? ___ Yes ___ No

If yes, please list all aliases or social security numbers:

Has your name ever been placed on the departments Employee Disqualification List for any period?

___ Yes ___ No If yes, please explain:

Have you ever been named as a perpetrator of abuse/neglect or exploitation of a child, elderly person or an adult by a state agency in a case where the state agency determined that the allegations against you were valid or substantiated? ___ Yes ___ No If yes, please explain:

Have you ever plead guilty, nolo contendere or been convicted of any crime, misdemeanor or felony, in this state or any other state, except minor traffic offenses? To fully answer this question, you must disclose any crime for which you received a suspended imposition of sentence whether or not you are still on probation. ___ Yes ___ No If yes, please explain:

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

ARE YOU CURRENTLY EMPLOYED _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER YES NO

HAVE YOU EVER APPLIED TO THIS AGENCY BEFORE? YES NO

IF SO, WHERE? _____ WHEN? _____

ARE YOU REGISTER WITH THE FAMILY CARE SAFETY REGISTRY MAINTAINED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES? YES NO

DO YOU SMOKE? YES NO

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM THE JOB DUTIES? _____

DO YOU HAVE A SKILLED LICENSE/CERTIFICATION? IF YES LIST TYPE _____

HOW DID YOU LEARN OF THIS POSITION? _____

DO YOU HAVE YOUR OWN TRANSPORTATION AND A VALID DRIVER'S LICENSE? _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH PERSONS WHO HAVE PHYSICAL/COGNITIVE DISABILITIES? YES NO

IF YES, PLEASE EXPLAIN THE DUTIES. _____

WORK PREFERENCES AND AVAILABILITY

DO YOU PREFER WORKING WITH MALES, FEMALES, OR EITHER _____

LIST DAYS AND HOURS OF THE WEEK THAT YOU ARE AVAILABLE:

SUN MON TUE WED THU FRI SAT

PLEASE CHECK THE FOLLOWING DUTIES THAT YOU ARE WILLING AND ABLE TO PERFORM ON A DAILY BASIS:

DRESSING _____ SHOWERING _____ TOILET ROUTINE _____ TRANSFERS _____

MEAL PREPARATIONS _____ FEEDING _____ ERRANDS/LAUNDRY _____ HOUSEKEEPING _____

COMMENTS:

EDUCATIONAL HISTORY

EDUCATION	SCHOOL NAME/LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

LIST SPECIFIC TRAINING FOR THE ELDERLY, SUCH AS NURSE'S AIDE TRAINING, ETC: _____

EMPLOYMENT RECORD

MONTH, DATE AND YEAR	NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM ___/___/___				
TO ___/___/___				
FROM ___/___/___				
TO ___/___/___				
FROM ___/___/___				
TO ___/___/___				

REFERENCES

NAME	ADDRESS, PHONE NUMBER	YEARS ACQUAINTED

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY NOTIFY

NAME/RELATIONSHIP

ADDRESS

PHONE NUMBER

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize my consent to pre-employment criminal record check

I authorize my consent for closed records check

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for damage that my result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without notice."

Signature: _____ Date: _____

Do not write below this line

Interviewed by _____		Date ____/____/____	
Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position _____		Dept _____
Salary/Wage _____		Date Reporting to work ____/____/____	
Documents Used for age verification _____			
Approved:			
(1) _____ Executive Director	(2) _____ Consumer	(3) _____ CDS Coordinator	