



This application is current for thirty (30) days only, thereafter, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Any applicant who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should inform the HR Manager.

**PERSONAL INFORMATION**

*Please Complete Pages 1-4*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Previous Held Name(s)

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Days/Hours Available to Work**

No Pref. \_\_\_\_\_ Thu \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

Position applied for: \_\_\_\_\_

Maximum hours/week? \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Date available for work: \_\_\_\_\_

Employment Desired:  Full Time Only  Part Time Only

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had a Drivers License, Professional License or Certificate in any State revoked, suspended, or had disciplinary action applied?**  Yes  No

If yes, please explain circumstances \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**EDUCATION**

Type of School	Name of School	Location/Address	Last Grade Completed			Major and Degree	
High School	_____	_____	10	11	12	_____	
	_____	_____	10	11	12	_____	
	_____	_____				_____	
College	_____	_____	1	2	3	4	_____
	_____	_____	1	2	3	4	_____
	_____	_____					_____
Bus. or Trade School	_____	_____	1	2	3	4	_____
	_____	_____	1	2	3	4	_____
	_____	_____					_____

**Have you worked for a Consumer Direct Care Network affiliated company before?**  Yes  No

If Yes, what company? \_\_\_\_\_

What name did you use? \_\_\_\_\_

List any relatives currently employed by this company and \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor Name _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving (detailed) _____	
Your job title _____	Employment Dates From _____ To _____
Pay or Salary	Start \$ _____ Final \$ _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	



Name of Employer _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor Name _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving (detailed) _____	
Your job title _____	Employment Dates From _____ To _____
Pay or Salary	Start \$ _____ Final \$ _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____	

Name of Employer _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor Name _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving (detailed) _____	
Your job title _____	Employment Dates From _____ To _____
Pay or Salary	Start \$ _____ Final \$ _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____	

Name of Employer _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor Name _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving (detailed) _____	
Your job title _____	Employment Dates From _____ To _____
Pay or Salary	Start \$ _____ Final \$ _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____	





**DRIVERS LICENSE**

Do you have a current Drivers License?  Yes  No

Name of State \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all state(s) which have issued you a driver's license within the past years. List the state(s) and year(s) for each license \_\_\_\_\_

Do you own a car?  Yes  No

Do you have auto insurance?  Yes  No

**As a requirement for employment, you must provide proof of ownership of a vehicle and liability insurance. All employees in the field must be able to transport a client.**

**PERSONAL REFERENCES**

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE READ CAREFULLY**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company. The relationship cannot be altered except by a written instrument signed by the President or Vice President of the Company. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of a report requested by us.

I further understand that my employment with this company shall be probationary for a period of up to 180 days, during which my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant: \_\_\_\_\_

This Company is an equal opportunity employer  
Thank you for completing this application and for your interest in our company

