



Agency-Based CFC/PAS Caregiving
EMPLOYMENT APPLICATION

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 Previously Held Name

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Home Phone _____ Email Address* _____

Cell Phone _____ *A valid email address is required. CDCN will communicate with you via email; your background check questionnaire will be sent to this address.

How were you informed of the available position? ☐ Newspaper ☐ Employee ☐ Client ☐ Online
☐ Dickinson Learning Center ☐ Other _____

Days/Hours Available to Work

No Pref. _____	Thu _____	Position applied for _____
Mon _____	Fri _____	
Tue _____	Sat _____	Maximum hours/week? _____
Wed _____	Sun _____	

Can you work nights? _____

Date available for work _____

Employment Desired: ☐ Full Time ☐ Part Time ☐ Per Diem

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			Diploma/Major/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 Consumer Direct Care Network before? ☐ Yes ☐ No

If Yes, what company? _____

What name did you use? _____

List any relatives currently employed by this company and location: _____

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

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 an Executive Committee Member 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 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, 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 any 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

