

PERSONAL INFORMATION

Please Complete Pages 1 & 2

Date of Application _____ Position applied for _____

Name _____
First Middle Last Previously Held Name

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Primary Phone _____ Do you consent to receiving text messages from CDCN? Yes No

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

Do you request a reasonable accommodation for the hiring process or to perform the job? Yes No

How were you informed of the available position? _____

DAYS/HOURS AVAILABLE TO WORK

No Pref. _____ Thu _____ Date available for work _____
Mon _____ Fri _____ Can you work nights? Yes No
Tue _____ Sat _____ Maximum hours/week? _____
Wed _____ Sun _____ Desired work: Full Time Part Time

DRIVERS LICENSE

Do you have a current Driver's License? Yes No

Name of State _____ Expiration Date _____

List all state(s) which have issued you a driver's license within the past three (3) years. List 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 a valid driver's license and liability insurance. All employees in the field must be able to transport a Member.

INCLUDE RESUME

Please provide a resume with these details:

- Education and work history
- Job references



LEGAL CONSIDERATIONS

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 Driver's License, Professional License or Certificate in any State revoked, suspended, or had disciplinary action applied? Yes No

If yes, explain circumstances:

Have you worked for Consumer Direct Care Network (CDCN) before? Yes No

If yes, what name did you use? _____

List any relatives currently employed by CDCN and location:

PLEASE READ CAREFULLY

Submitting a CDCN job application, discussing employment with CDCN team members, and/or referring to CDCN materials does not create, imply, or guarantee a contract of employment. Any employment relationship can be changed only if it's in writing and signed by a CDCN executive. If employed, I understand CDCN benefits, policies and procedures can change without notice.

I authorize investigation of all statements shared in this application. I understand if I make false statements, my employment with CDCN can be terminated with or without notice. I authorize CDCN to contact all schools, previous employers, references, and others in my resume. I release CDCN from any liability because of such contact.

To comply with the Fair Credit Reporting Act, CDCN may request a consumer reporting agency to provide an investigative report which may include information on your character, reputation, personal characteristics, and mode of living. You can request in writing to CDCN to see information contained in such report.

I understand employment with CDCN starts with a 180-day probationary period, during which employee or CDCN may terminate employment at will.

Consumer Direct Care Network is an equal opportunity employer.
Thank you for completing this application and for your interest in our company.

