

STANDARD CARE EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE		LAST NAME			DATE TODAY			
STREET ADDRESS									
CITY, STATE, ZIP							HOME PHONE		
EMAIL ADDRESS							CELL PHONE		
POSITION DESIRED								SALARY EXPECTED	
I AM AUTHORIZED TO WORK IN THE UNITED STATES: YES NO									
DO YOU HAVE A VALID DRIVER'S LICENSE? YES							ON WHAT DATE CAN YOU BEGIN?		
STATE									
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES NO									
ARE YOU AVAILABLE TO WORK?	ARE YOU AT LEAST 18 FULL TIME PART TIME TEMPORARY YEARS OF AGE? YES NO				T 18	CAN YOU TRAVEL FOR WORK IF NEEDED? YES NO			
L Please check which o	days and shifts you are av	vailable to	work:						
DAY OF THE WEEK	1 ST SHIFT 2 ND SHIFT 3 RD SHIFT								
	8:00 AM TO 4:00 PM)0 AM	
MONDAY									
TUESDAY									
WEDNESDAY THURSDAY								_	
FRIDAY									
SATURDAY									
SUNDAY									
00.12711									
EMERGENCY CONTACT I	NAME:				RELA	TIONSHIP	?		
EMERGENCY CONTACT TELEPHONE:									
DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT									
REASONABLE ACCOMMODATION? YES NO									
Have you ever gone by a name other than the one listed above? Yes No If yes, please list here.									
, <u> </u>									
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN AND INCLUDE DATES: YES NO									
120									
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES NO									
IF YES, PLEASE EXPLAIN AND INCLUDE DATES:									
-,									
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU NOW HOLD :									
DSP	LCSW		CAN		OTHER:		(List Here)		
CRMA	LCPC		LPN						
CPR/FIRST AID	MSW		RN						
СРІ	LADC		MHRT						
-···	1.50								

EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION		COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?		
HIGH SCHOOL			3.051	001111 22120	2.1. 201411.1		
COLLEGE							
GRADUATE							
BUSINESS/TRADE TECHNICAL							
	EMPLOYI	MENT HI	STORY				
COMPANY, AGENCY NAME	TELEPHONE						
ADDRESS		EMPLOY	MENT DATES				
	FROM TO						
JOB TITLE		REASON FOR LEAVING					
SUPRVISOR							
MAY WE CONTACT THIS EN							
IF NO, PLEASE EXPLAIN WE	!Y :						
COMPANY, AGENCY NAME	TELEPHO	ONE					
ADDRESS		EMPLOYMENT DATES					
		FROM		ТО			
JOB TITLE		REASON FOR LEAVING					
SUPRVISOR							
MAY WE CONTACT THIS EN							
II NO, FLLAGE EAFLAIN WE							
COMPANY,AGENCY NAME		TELEPHO	ONE				
ADDRESS		FMPLOY	MENT DATES				
		FROM		ТО			
JOB TITLE		REASON	FOR LEAVING				
SUPRVISOR							
MANUALE CONTACT TO THE	401.00503						
MAY WE CONTACT THIS EN	MPLOYER? YES NO						

IF NO, PLEASE EXPLAIN WHY:

MILITARY HISTORY

Did you serve in the US Armed Forces? Yes No	If yes, in which branch?
Describe any military training you received that you believe would be pertine	ent to the position for which you are applying.
REFER	ENCES
Name	Telephone
Acknowledgment and filling the application *	
1. I certify that the information contained in this appli	ication is true and complete.
I authorize investigation of all statements contained necessary for arriving at an employment decision.	d in this application for employment as may be
In the event of employment, I understand that false interview(s) may result in discharge.	e or misleading information given in my application or
APPLICANT'S SIGNATURE	DATE