

TEAMMATES CENTER, L.L.C.

JOB APPLICATION Form

Personal Information (please print)

Date: ___/___/___

First Name _____ M.I. ___ Last Name _____

Street Address _____, Apartment/Unit # _____

City, State, Zip Code _____, _____, _____

Cell Phone Number (____)____ - _____ Landline Phone Number (____)____ - _____

Email: _____@_____.

Social Security Number _____ - ____ - _____ Date of Birth ___/___/___

Driver's License Number _____; State Issued _____

General Questions (circle your answer):

- Have you ever applied to / worked for TEAMMATES before? Y or N
 - If "Y", please explain (include date): _____
- Any friends, relatives, or acquaintances currently working for TEAMMATES? Y or N
 - If "Y", state name & relationship: _____
- Are you over the age of 18? Y or N
 - If "N", do you have an employment certificate? Y or N
- Are you a citizen of the United States? Y or N
 - If "N", are you authorized to work in the U.S.? Y or N
- Are you able read, write, and comprehend English? Y or N
- Have you ever been convicted of, or pleaded no contest to any form of abuse or similar felony? Y or N
- Have you been convicted of, or pleaded no contest to any felony in the last (5) years? Y or N
 - If "Y", describe the crime - state nature of the crime(s), when and where convicted and disposition of the case _____
- Have you lived or traveled outside of the United States within the last (5) years? Y or N
 - If "Y", did you receive all the required immunizations before and after that travel?
Y or N

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- If hired, would you provide a copy of your:
 - Social Security Card- Y or N,
 - Birth Certificate - Y or N,
 - H.S. Diploma or GED - Y or N,
 - If not a citizen, a work authorization - Y or N
 - Driver's License - Y or N?
- If offered a position, may "T.C." obtain a State Driver's Abstract (driving record) about you?
 - If "N", why _____
- If offered a position, are you willing to submit to a "T.C." paid controlled substance test?
 - Y or N
- If hired, do you agree to satisfactory completion of all required training (if not certified within past 12 months), and repeat annually as directed by TEAMMATES CENTER?
 - Y or N
- If hired, would you have transportation to/from work? Y or N
- Are you available to work overtime? Y or N
- (NOT for Office position) Are you able to perform the essential functions, such as lifting, for the job you are applying, either with / without reasonable accommodation? Y or N

Position and Availability

Is this application for: Part-time Full-time Volunteer

Position applied for (circle one): Office Staff Working directly with Clients

Wage/Salary expected: \$ _____ Date Available to start work: ____/____/____

Days/Hours Available (normal office hours are 7:30 a.m. to 4:30 p.m.):

	<u>From time</u>	<u>To time</u>
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____

Special schedule needs: _____

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Education, Training and Experience

High School: School name: _____

School city & state: _____

Did you graduate? Y or N Month/Year: ____/____

College / University: School name: _____

School city & state: _____

No. of years completed: ____ Graduation Year: ____ Degree earned? _____

Vocational School: Name: _____

City & state: _____

No. of years completed: ____ Graduation Year: ____ Degree earned? _____

Military:

Branch: _____ Military Rank achieved: _____

From: ____/____/____ - To: ____/____/____

Any related Skills/Duties: _____

Current Certifications

Nursing: Cert. 1 (Med. Pass.) Y or N
Cert. 2 (G Tube) Y or N
Cert. 3 (Diabetes/Insulin) Y or N

First Aid Y or N

CPR Y or N

PMT Y or N

Other Certifications (explain): _____

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Additional Information (use the space below to detail any relevant qualification(s) beyond those requested on this Application

Employment History

If you attached a resume that details these facts, you can skip this section. You should be prepared to detail each position for the past five years, and account for any gaps in employment during that period.

If currently employed, may we contact your current employer? Y or N

Employer Name: _____

Supervisor Name: _____

Telephone Number: _____

Business Type: _____

City & state: _____

Employment starting date: ____/____/____; ending date: ____/____/____

Position & Duties: _____

Reason for Leaving: _____

Previous Positions:

Employer Name: _____

Supervisor Name: _____

Telephone Number: _____

Business Type: _____

City & state: _____

Employment starting date: ____/____/____; ending date: ____/____/____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

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References

Below list two professional references (only) who have knowledge of your work performance within the last five years.

1) Name – First & Last: _____

Telephone Number: _____

City & state: _____

Title/Job Duties: _____

Acquaintance for approximately _____ Year(s).

2) Name – First & Last: _____

Telephone Number: _____

City & state: _____

Title/Job Duties: _____

Acquaintance for approximately _____ Year(s).

Disclaimer

In exchange for the consideration of my job application by Teammates Center, L.L.C (hereinafter referred to as "T.C."), I agree that:

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 "T.C." practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of "T.C.", or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Executive Director/Chief Executive Officer/Chief Operating Officer of this company. Both the undersigned and "T.C." may end the employment relationship at any time, without specified notice or reason. If employed, I understand that "T.C." may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

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

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations and background checks and will include regular inquiries into driving record.

I understand that as part of my pre-employment screening, "T.C." will check databases and registries as required by the Department of Developmental Disabilities and will rerun these checks periodically throughout my employment.

I understand that, in connection with the routine processing of your employment application, "T.C." may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, "T.C.", will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with "T.C." shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with "T.C." is terminable at will for any reason by either party.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me, or if hired, for immediate termination of employment at any point in the future. I authorize the verification of any or all information listed above.

Signature

Double check this Application before you submit it for consideration, to be sure that it's correct.

Signature _____

Date _____

As of August 10, 2018

Attach your resume, if not previously provided!