

Mill Creek Supportive Care Job Application

Mill Creek supportive care, LLC is an equal opportunity employer. This application will not be used for a limiting or excluding any applicant from consideration for employment on a basis, prohibited by local, state, or federal law. Should an applicant need a reasonable accommodation in the application process, he, or she should contact a company representative.

Please select position apply for:

☐ Direct Care Staff

☐ House Manager

Applicant Information

Applicant Name: _____

Address: _____

Phone Number: _____ Date of Application: _____

Employment Position

How did you hear about this position? _____

What days are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Personal Information

Do you have any friends, relatives, or acquaintances, working for Mill Creek Supportive Care, LLC? ☐ Yes ☐ No

If yes, state name and relationship: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Are you a US citizen or approved to work in the United States? ☐ Yes ☐ No
What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? ☐ Yes ☐ No

Do you have any condition which would require job accommodations? ☐ Yes ☐ No

If yes, please describe accommodations required below:

Have you ever been convicted of a criminal offense? (Felony, or ☐ Yes ☐ No misdemeanor)?

If yes, please state the nature of the crime(s), when, and where convicted in this position of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, in the surrounding circumstances, in the relevance of the offense to the position applies of me, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Mill Creek Supportive Care, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

List high school, college/university, vocational school/specialized training below:

School/Training	Location	Year Graduated/ Completed	Degree/Certification earned

Summary of most recent job duties are responsibilities:

Current/Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

Phone Number:

Dates employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

Phone Number:

Dates employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

Phone Number:

Dates employed:

Reason for leaving:

3 References	Personal/Professional	Contact Information
1.		
2.		
3		

Additional Information

Is there any additional information/experience/training you would like to include that was not previously listed? _____

The relationship between you and Mill Creek Supportive Care, LLC is referred to as employment at will.

Applicant Signature: _____ Date: _____