

# Stacy Campbell & Associates -Employment Application

Stacy Campbell & Associates is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political beliefs or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

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## Personal Data

<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	Middle	Last	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Telephone Number	Cell Phone Number	Email Address	
<input type="text"/>			
Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>
	Are you 18 years of age or older?	Yes	No

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## Position Applied for:

Attendant Care: \_\_\_\_\_ Habilitation: \_\_\_\_\_ Respite: \_\_\_\_\_

Habilitation requires at least three (3) months experience in implementing and documenting performance in Individual programs or Habilitation training. Please indicate qualifying and /or training.

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Respite requires at least three (3) months experience in providing assistance to an individual to meet personal, Physical and emotional needs. Please indicate qualifying experience duration:

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Other agencies worked for and duration: (If applicable):

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## Education

High School Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ GPA: \_\_\_\_\_

### College

School Name: \_\_\_\_\_ City, State \_\_\_\_\_

Degree or Years Completed: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

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**Employment History**

List your current or most recent employment first. Include work related internships, military and volunteer work.

**Company Name:** \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Position title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of employment: From:  To:

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Company Name:** \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Position title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of employment: From:  To:

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Within the ninety (90) day probationary period, employee may be eligible for Major Medical benefits. Please contact Human Resources Benefits Department for complete details.**

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**Releases and signatures**

All hiring and employment at Stacy Campbell & Associates is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Stacy Campbell & Associates has no specific term and may be terminated by the employee or Stacy Campbell & Associates with or without notice. I acknowledge that Stacy Campbell & Associates has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Stacy Campbell & Associates, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Stacy Campbell & Associates I agree to release and hold harmless Stacy Campbell & Associates from all liability with respect to the receipt of such information.

I certify that all the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Stacy Campbell & Associates can be terminated.

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Applicant's signature

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Date