



Date of Interview: _____
Hired Date: _____
Position Hired For: _____
Rate: _____
Shadow Date(s): _____
Actual Start Date: _____
<i>For Office Use Only</i>

# MOMENTUM 180

## Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Applicant Data:**

Position Applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile/Pager/Other: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain:

Do you have any relatives working for Momentum 180? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Have you ever worked for Momentum 180.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_ What Position you held? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, are you legally allowed to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of employment desired? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN \_\_\_\_\_

**Answering "yes" to these questions does not constitute an automatic rejection for employment. Date and seriousness of the offense, nature of the violation, rehabilitation, and position applied for will be considered.**

Have you ever pleaded "guilty," "no contest," or been convicted of a crime for which you have not received a pardon? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license number if applicable to position: \_\_\_\_\_  
State: \_\_\_\_\_

Summarize Your Special Skills or Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These positions will require tasks such as lifting, running, kneeling, or performing CPR/First Aid during emergencies. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These positions will require that we are able to contact you in the event of an emergency or shift change. Do you have a current, active telephone number? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Education Background:**

**High School:** Name \_\_\_\_\_ Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Month/Year graduated? \_\_\_\_\_

GED? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**College:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Month/Year graduated? \_\_\_\_\_

**Degree:** Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Other \_\_\_\_\_

CNA License: Yes \_\_\_ No \_\_\_ Exp. Date \_\_\_\_\_ CPR/First Aid/AED: Yes \_\_\_ No \_\_\_ Exp. \_\_\_\_\_

Medication Certification: Yes \_\_\_ No \_\_\_ Exp. Date \_\_\_\_\_ Other Certifications:

---

---

**Previous Employment (begin with most recent position):**

**#1**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**#2**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**#3**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**#4**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

If I am hired by Momentum 180.:

- I understand that the needs of the clients and programs come first; therefore, I may be assigned a different shift or location to meet those needs.
- I will provide the information and releases required to complete CPS and criminal history checks.
- I will obtain a physical and submit the results of a tuberculosis (TB) test within 7 days of my hire date
- I understand that I may be required to drive a company vehicle to transport clients on occasions, so I must submit a valid Driver's License and current DMV record.

- I understand that I must attend ALL Mandatory trainings that I am scheduled for, according to the state license regulations.
- I understand that I must attend ALL Mandatory staff meetings that are scheduled each month.
- I understand that ALL required paperwork must be turned in before I can be placed on the work schedule.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in termination of my employment for cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

