



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate based on race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (RA, RCA, RPA, OMA, etc.) _____ Today's Date ____/____/____

Are you seeking: Full-time [] Part-time [] Temporary [] employment? When can you start work? _____

Form with fields for Last Name, First Name, Middle Initial, and Telephone Number.

Form with fields for Current Street Address, City, State, and Zip Code.

Are you 18 years of age or older? Yes [] No [] (If you are hired you may be required to submit proof of age.)

Social Security # _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes [] No []

Have you ever applied here before? Yes [] No [] If yes, when? _____

Were you ever employed here? Yes [] No [] If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes [] No []

If yes, give details: _____ (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes [] No []

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes [] No []

Driver's License Number _____ State of License: _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes [] No []

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability, or other protected status.) _____

of Years
CompletedDiploma/
Degree/
CertificateSubjects
Studied

LIST NAME AND ADDRESS OF SCHOOLS

High School or GED _____

College or University _____

Vocational or Technical _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Initials: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FROM	TO
CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FROM	TO
CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FROM	TO
CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FROM	TO

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Advocating Choices Support Care

Type of Transportation you have / will use for transporting individuals: _____

Do you have any allergies that would affect your work at ACSC? No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? No. Yes

How many hours are you willing to work per week? _____

Place an (X) on the Days and Times of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____

Advocating Choices Support Care Reference Check Form- #1

EMPLOYMENT INFORMATION: To be completed by Applicant.

Name of first Professional Reference to Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Advocating Choices Support Care, LLC.

Applicant Signature

_____/_____/_____
Date

Advocating Choices Support Care Reference Check Form- #2

EMPLOYMENT INFORMATION: To be completed by Applicant.

Name of second Professional Reference to Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Advocating Choices Support Care, LLC.

Applicant Signature

_____/_____/_____
Date