

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 answ paper if you do not have enough room on this appli following questions, be aware that none of the quest information.	cation. PLEASE PRINT, except	or signature on back of	application. In readi	ng and answering the
Job Applied For (RA, RCA, RPA, OMA, etc.)		Today's Date	//	
Are you seeking: Full-time 🛛 Part-time 🛛	Temporary employment?	When can you start wo	rk?	
		()	<u>.</u>
Last Name	First Name	Middle Initial	Telephone Number	
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Current Street Address		City	State	Zip Code
Are you 18 years of age or older? Yes □	No \Box (If you are hired you m	ay be required to submi	t proof of age.)	
Social Security #	If hired, can you furnis	n proof you are eligible t	o work in the U.S.?	Yes 🛛 No 🗆
Have you ever applied here before? Y	∕es □ 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 disq applying will also be considered.)	ualify you from employment, sinc	e the nature of the offen	se, date, and the job	for which you are
Are you now or do you expect to be engaged in any	y other business or employment?			. Yes 🛛 No 🛛
If yes, please explain:				
For Driving Jobs Only: Do you have a vali	d driver's license?			Yes 🛛 No 🛛
Driver's License Number Have you had your driver's license suspended or re	St evoked in the last 3 years?	ate of License:	Class of License	 □ No □
If yes, give details:				
List professional, trade, business or civic activities a color, religion, national origin, disability, or other pro	and offices held. (Exclude labor of the status.)	organizations and memb	perships which revea	age over 40, race, sex,

LIST NAME AND ADDRESS OF SCHOOLS	# of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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 yo	u are applying?		

Initials:

List names of employers in consecutive order with present or last employer li and any periods of unemployment. If self-employed, give the firm name and	isted first. Account for all periods of time including military service 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: FR)M TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT: FR)M TO
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ADDRESS	DATES OF EMPLOYMENT: FR)M TO

CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
Have you worked or attended school under any other name?		Yes 🗆 No 🗆
If yes, give names:	·····	
Are you presently employed?		Yes 🗆 No 🗆
If yes, may we contact your present employer?		Yes 🗆 No 🛛
Have you ever been fired from a job or asked to resign?		Yes 🗆 No 🛛
Give three references, not relatives or former employers. Name Address		Phone
Name Address		
		() -
		() ()
		()
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING		
I certify that all information provided in this employment application is true a		ny false information or omission may
disqualify me from further consideration for employment and may result in m	y dismissal it discovered later.	
I authorize the investigation of any of all statements contained in this appli		
previously noted), past employers and organizations named in this applicat making a hiring decision. I release such people and organization from any le	egal liability in making such stateme	ents.
I understand that if I am extended an offer of employment, it may be conditio	ned upon my successfully passing	a complete BCI/FBI screening.
I understand I may be required to successfully pass a drug screening examir	nation. I hereby consent to a pre ar	nd/or post-employment drug screen
as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOY	MENT DOES NOT CREATE A C	ONTACT OF EMPLOYMENT NOR
GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF E	MPLOYED, I UNDERSTAND THAT	I HAVE BEEN HIRED AT THE WILL
OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT A I have read, understand, and with my signature consent to these statements.		USE AND WITH OR WITH NOTICE.
,,, <u>-</u>		
Signature	Date	1 1

This application for employment will remain active for 90 days.

Date _

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: _____

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Advocating Choices Support Care Reference Check Form- #1					
<u>EMPLOYMENT INFORMATION:</u> To be completed by Applicant.					
Name of first Professional Reference to Be Contacted		Title			
Company Name	Phone (<u>) </u>			
Reason for leaving this company:					
I authorize the company I worked for and/or the individual listed above to r Support Care, LLC.	elease informa	tion about me to Advocating Choices			
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		Ti	tle		
Company Name	Phone ()			
Reason for leaving this company:					
I authorize the company I worked for and/or the individual listed abov Support Care, LLC.	e to release inform	ation about me	to Advocating Choices		
	<u> </u>	/	/		
Applicant Signature		Date			