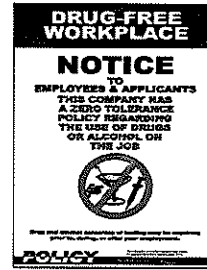




PIEDMONT RESIDENTIAL DEVELOPMENT CENTER



NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical and mental disability, veteran status, or any other legally protected basis.

Personal Background

Name _____ Date _____
Last First Middle

Street Address _____
Street City State Zip

Phone No. () _____ Social Security _____

Position Applying for: _____ Date you can start _____ Salary Desired _____

Are you available for: Part-Time _____ Full-Time _____ Weekends: Yes _____ No _____ Overtime: Yes _____ No _____ Shift Available: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ If so, when? _____

Have you served in the U.S. Armed Forces? _____ Reserves or National Guard? _____

Are you a U.S. citizen? Yes _____ No _____ If not, are you eligible to work in the U.S.? Yes _____ No _____

If driving is a requirement of the job for which you are applying, do you have a current valid driver's license? Yes _____ No _____

If a minor, can you produce the age/work certificate necessary to obtain employment? Yes _____ No _____

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Verification and completion of the I-9 form must be submitted no later than three business days after date of hire. Yes _____ No _____

Have you ever been convicted of a felony or a crime which is related to the functions or qualifications of the position for which you are applying? (A conviction record will not necessarily be a bar of employment) Yes _____ No _____

If so, please describe fully the criminal conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s).

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4

Graduate: 1 2 3 4

Schools	Name and Location	Dates Attended	Grad?	Maj/Min Course Work	Degree
High School					
College or University					
Graduate or Other					

Certified in CPR, First Aid or CNA: Yes _____ No _____

Type of Certification: _____ Date of Certification: ____/____/____

Other special training, skills, certifications or licenses? _____

Work History (Use additional sheets if necessary)

Have you worked in an ICF/MR facility previously? If so, when and where? _____

Current or Last Employer		Address and Phone Number			
Job Title			Supervisor's Name		
May we contact Employer? Yes _____ No _____	Date Employed (mo/yr)	Last Salary \$ _____ per _____		Date Terminated/Reason (mo/yr)	
Duties:					

Current or Last Employer		Address and Phone Number			
Job Title			Supervisor's Name		
May we contact Employer? Yes _____ No _____	Date Employed (mo/yr)	Last Salary \$ _____ per _____		Date Terminated/Reason (mo/yr)	
Duties:					

Current or Last Employer		Address and Phone Number			
Job Title			Supervisor's Name		
May we contact Employer? Yes _____ No _____	Date Employed (mo/yr)	Last Salary \$ _____ per _____		Date Terminated/Reason (mo/yr)	
Duties:					

Business References (Please list references other than family)

Reference's Name	Address	Business	Contact Number
1.			
2.			
3.			

I, _____, state that all of the information I am including on this Application for Employment is true and understand that falsification of any of this information, or any follow-up information provided during an interview or on my resume may result in disqualification for employment or immediate dismissal from my position or termination of benefits if I am already employed.

Signature: _____ Date: _____

DO NOT WRITE IN SPACE BELOW FOR EMPLOYER'S USE ONLY		
Interview By:	Date:	
Remarks:		
Neatness:	Ability:	
Hired: () Yes () No	Position:	Dept.:
Salary/Wage	Date Reporting to Work:	
Approved By:		
1.	2.	3.
Employment Manager	Department Head	General Manager