

## Employment Application

### Application Information

**Legal Name:** First, Middle, Last**Date:** MM/DD/YYYY**Address:** Street

Apt #

City

State

Zip Code

**Phone:** 555-555-5555**Email:** personal email@**Position Applying For:** Case Manager**Desired Salary:** \$\$\$**Date Available:** MM/DD/YYYYHave you ever been employed with Connections Case Management, LLC? Yes ☐ No ☐Have you ever been convicted of a crime (misdemeanor or felony)? Yes ☐ No ☐

If yes, please explain: Click or tap here to enter text.

How did you hear about Connections? Choose an item. Employee Referral Name:

Do you have a PSID? If so, please list P123456

### Education

**College:** Street, City, State**Dates Attended:** From and To**Graduated:** Yes ☐ No ☐**Degree Obtained:** Transcripts & Diploma Required**Additional Post-Secondary:** Street, City, State**Dates Attended:** From and To**Graduated:** Yes ☐ No ☐**Degree Obtained:** Transcripts & Diploma Required

### Employment History

**Company:** Name, Street, City, State**Phone:** 555-555-5555**Job Title:** Click or tap here to enter text.**Responsibilities:** Click or tap here to enter text.**From:** MM/YYYY **To:** MM/YYYY**Reason for Leaving:** Click or tap here to enter text.**Starting Salary:** \$\$\$**Ending Salary:** \$\$\$**Supervisor:** First, Last Name**May we contact previous supervisor?** Yes ☐ No ☐**Company:** Name, Street, City, State**Phone:** 555-555-5555**Job Title:** Click or tap here to enter text.**Responsibilities:** Click or tap here to enter text.**From:** MM/YYYY **To:** MM/YYYY**Reason for Leaving:** Click or tap here to enter text.**Starting Salary:** \$\$\$**Ending Salary:** \$\$\$**Supervisor:** First, Last Name**May we contact previous supervisor?** Yes ☐ No ☐

**Company:** Name, Street, City, State**Phone:** 555-555-5555**Job Title:** Click or tap here to enter text.**Responsibilities:** Click or tap here to enter text.**From:** MM/YYYY **To:** MM/YYYY**Reason for Leaving:** Click or tap here to enter text.**Starting Salary:** \$\$\$**Ending Salary:** \$\$\$**Supervisor:** First, Last Name**May we contact previous supervisor?** Yes ☐ No ☐**Military Service****Branch:** Army, Navy, Airforce, Marines, Coast Guard, etc.**Service Dates From:** MM/YYYY **To:** MM/YYYY**Rank at Discharge:** Click or tap here to enter text.**Type of Discharge:** Click or tap here to enter text.**References****Name:** First/Last Name and Position Title**Relationship:** Click or tap here to enter text.**Company:** Name and Address**Phone:** 555-555-5555**Email:** personal email@**Name:** First/Last Name and Position Title**Relationship:** Click or tap here to enter text.**Company:** Name and Address**Phone:** 555-555-5555**Email:** personal email@**Name:** First/Last Name and Position Title**Relationship:** Click or tap here to enter text.**Company:** Name and Address**Phone:** 555-555-5555**Email:** personal email@**Applicant Release of Information/Disclaimer and Signature**

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Connections Case Management, LLC, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Furthermore, I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment with Connections Case Management, LLC I understand that false or misleading information on my application or interview may result in release of employment.

Signature/Date: \_\_\_\_\_