

Application for Employment

Please print clearly in black or blue ink

Personal information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

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

Emergency contact Information:

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education

EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Name of School** | **Attended**  **From & To (Yrs)** | **Graduated**  **Yes or No** |
| High School/GED |  |  |  |
| College or University |  |  |  |
| Other: Trade / Vocational |  |  |  |



TRAINING/CERTIFICATIONS

CPR/First Aid: \_\_\_\_\_\_\_\_\_\_ Fingerprint Card: \_\_\_\_\_\_\_\_\_\_ Article 9: \_\_\_\_\_\_\_\_

Prevention and support: \_\_\_\_\_\_\_\_\_\_\_ Habilitation ISP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience with individuals with developmental disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (give details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History

Employment History: begin with your most recent employment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Mo./Yr. employed | Phone number | Job title |
| Address | Reason for leaving | Name of Supervisor | Full time or Part time |

Can we contact this employer? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Mo./Yr. employed | Phone number | Job title |
| Address | Reason for leaving | Name of Supervisor | Full time or Part time |

Can we contact this employer? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

What position are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time: \_\_\_\_\_\_\_ Full Time: \_\_\_\_\_\_\_ Temporary: \_\_\_\_\_\_\_\_

Three references (non-family member) Hours and dates of availability

|  |  |
| --- | --- |
| 1.) Name:  Phone number: |  |
| 2.) Name:  Phone number: |  |
| 3.) Name:  Phone number: |  |



Please read the following statements CAREFULLY before signing this application for employment. Only applications that are signed and dated are considered valid. I understand that I will be subject to random drug test at management’s discretion throughout my employment with JBB Healthcare LLC. Permission is hereby granted to JBB Healthcare LLC to conduct any necessary and reasonable investigation with respect to statements and other information in this application for employment. I release JBB Healthcare LLC, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment and character. I agree to furnish any other information required of me related to my employment and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient grounds for my separation. I have read and fully understand the questions asked in this application for employment.

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