



Innovative Outcomes, Inc. Employment Application

Please **PRINT** all information requested except signature.

Notice to applicants: Screening tests for alcohol and illegal drug use may be required before hiring and upon request during employment.

Innovative Outcomes is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, age, national origin, disability or veteran status. We assure you that your opportunity for employment with Innovative Outcomes depends solely on your qualifications for the position and your completion of all training requirements.

DATE COMPLETED: _____

GENERAL INFORMATION

Name: _____ **SSN:** _____

Address: _____

Do You Have a Current Driver's License? **Yes** **No**
License Number: _____

Home Telephone: (____) _____

For what position are you applying? _____

For what shifts are you available? _____ **On what days are you available?** _____

Have you ever worked for Innovative Outcomes? **Yes** **No**
If yes, when? _____

Have you ever worked with individuals with disabilities? **Yes** **No**
If yes, explain: _____

Are you age 21 or older? **Yes** **No**

How did you hear about Innovative Outcomes?

☐ Newspaper Ad ☐ Other: _____ ☐ Referred by: _____
Write Name of Person Who Referred You

Have you ever been convicted of a criminal offense? **Yes** **No**
If yes, explain: _____

Are there any criminal charges pending against you? **Yes** **No**
If yes, explain: _____

Criminal History and Misconduct:

Innovative Outcomes will not knowingly employ or retain any person who has been convicted of committing or of attempting to commit one or more of the following offenses, including, but not limited to: murder, homicide, manslaughter, or concealment of a homicidal death; kidnapping, child abduction, criminal child enticement, or contributing to the delinquency of a minor; unlawful restraint or forcible detention; felonious or aggravated assault, menacing, battery, or infliction of great bodily harm; robbery or aggravated robbery; sexual assault/ battery or sexual abuse; unlawful sexual behavior; abuse or criminal neglect of an elderly or disabled person; theft, financial exploitation, robbery, or burglary of an elderly or disabled person; criminal trespass; arson; unlawful possession or use of weapons or aggravated discharge of a firearm; manufacture, delivery, or trafficking of controlled substances; felony conviction of possession of controlled substance(s).

Innovative Outcomes will also not knowingly employ or retain any person who is listed on the HHS-OIG Cumulative Sanctions Report or the General Services Administration's exclusion list.

EDUCATION & TRAINING INFORMATION

<u>Type of Education</u>	<u>School & Location</u>	<u>Degree Obtained</u>	<u>Year Graduated</u>	<u>Course/Major</u>
High School				
College				
Graduate School				
Business/Vocation				
Apprentice Training				
CNA or CMA				

Licenses, Certificates, or Professional Memberships: _____

EMPLOYMENT HISTORY:

****** Please begin with your current or most recent employer and explain gaps or lapses in employment. ******

1. Employer:		Hire Date:	Term Date:
Address:		Phone Number:	
Job Title:		Supervisor:	
Starting Pay:	Ending Pay:	May we contact this employer? Yes No	
Describe work performed:		Reason for leaving:	
2. Employer:		Hire Date:	Term Date:
Address:		Phone Number:	
Job Title:		Supervisor:	
Starting Pay:	Ending Pay:	May we contact this employer? Yes No	
Describe work performed:		Reason for leaving:	

EMPLOYMENT HISTORY – cont'd

**** Please begin with your most recent employer and explain gaps or lapses in employment. ****

3. Employer:	Hire Date:	Term Date:
Address:	Phone Number:	
Job Title:	Supervisor:	
Starting Pay:	Ending Pay:	May we contact this employer? Yes No
Describe work performed:	Reason for leaving:	

MILITARY INFORMATION

Service branch: _____ Final Rank: _____ Specialty: _____

Schools/ special training received: _____

Current Obligations: _____

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Physical Demands:

- Must be able to lift or support approximately 75 lbs either assisted or unassisted.
- Must be able to stand for extended periods of time up to and including 8 hours.
- Must be able to stoop, bend and reach overhead without restriction.
- Must be able to detect and respond to emergencies and changes in health or behavior.
- Must be able to perform an emergency physical restraint of a consumer.
- Must be able to complete CPR.

☒ **Your signature below acknowledges** that you have reviewed the physical demands of the job and assert that you are able to meet the physical demands of the job.

☒ **Further, by your signature you attest that you have no condition, circumstance or situation of any kind that would or should prohibit or interfere with you meeting the physical demands of the job.**

I have reviewed the physical demands of the job and attest to these statements.

Applicant's Signature: _____ Date: _____

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See NEXT page → →

CERTIFICATION & AGREEMENT & AUTHORIZATION TO REQUEST RECORDS

I authorize the release to Innovative Outcomes information held by any parties regarding my previous employment, criminal history record and/or record of conviction in state and local files for violations of any federal, state, local statutes or ordinances, military records, credit history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

I further authorize Innovative Outcomes to utilize any of the information I have listed above, including my name, address, social security number and driver's license number to obtain information referenced in the previous paragraph.

I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume, and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination from employment.

I understand that the company may change the terms and conditions of employment at any time without notice. In consideration of employment with Innovative Outcomes, I agree to comply with all of the policies, procedures and requirements of Innovative Outcomes. I understand this application and/or any Innovative Outcomes policy, manual, handbook or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my employment could be terminated at any time by either party, with or without cause and with or without notice.

I have read and understand the above.

Applicant's Signature

Date

Type of Reference: X Business

Job Title: _____

⇒ Applicant signature: _____ Date: _____

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APPLICANT REFERENCE CHECK –

Reference # 3 – May be Business or Personal Reference

Type of Reference: Business Personal (Check one)
Source of Reference: Written Telephone
Your Name: _____ Social Security: _____
Business or Personal Reference Name: _____ Contact Person: _____
Address: _____
City/State/Zip Code: _____ Telephone #: _____
Years Known: _____ – OR – Employment Dates: _____ to _____ Earnings: \$ _____
Nature of Relationship or Job Title: _____

I authorize the release to Innovative Outcomes, Inc. of information held by any parties regarding my previous employment and/or personal relationship hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

⇒ Applicant signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Innovative Outcomes, Inc. Manager Checking Reference: _____
Date: _____ Name of Person Providing Information: _____

PERSONAL REFERENCE:

Are the # years known correct? Yes No If no, provide correct information: _____
Nature of Relationship with the applicant: _____
How would you describe the applicant? _____

BUSINESS REFERENCE:

Are the employment dates correct? Yes No If no, provide correct dates: _____
Reason for separation: _____ Eligible for Re-Hire? YES NO (circle one)
Are the above stated earnings correct? Yes No

Please check the boxes that best describe applicant's performance:

	Excellent	Good	Satisfactory	Unsatisfactory	Would not provide
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationship /c Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationship /c Clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills related to the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any incident for which this individual was convicted of having abused, neglected or mistreated an individual?

Signature of Staff Verifying Reference: _____ Date: _____