



APPLICATION

DATE:

IDENTIFICATION

Last Name	First Name	Social Security Number	DOB	Email
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Address	City	State	Zip Code	Cell Phone
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RECENT EMPLOYMENT HISTORY

Employer	Location	Position	Phone Number	Reason For Leaving	Supervisor	Dates Of Employment
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EDUCATIONAL BACKGROUND (Optional)

School	Degree	Year
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EMERGENCY CONTACT

Name	Relationship	Phone Number
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PLEASE READ BEFORE SIGNING:

My signature verifies that the information provided in this application is true and correct to the best of my knowledge. I understand that falsification, including withholding information on this application is grounds for immediate dismissal if I am selected for the position. I further understand that if I am hired, I can be terminated with or without cause and with or without notice. I agree to submit to drug screening tests upon request. I understand and hereby authorize Kreative Minds Direct Care LLC to request and receive from all prior employers within two years of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination. The Agency has the right to run a criminal background check and may pass on the results upon request. I understand that the physical information that I provided to the agency may be released to any facility upon their request.

EMPLOYEE SIGNATURE: