

APPLICATION FOR EMPLOYMENT



Thank you for your interest in and application for employment with Community Cares Program. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. In return Community Cares Program offers competitive income, an excellent working environment and the opportunity to grow with the company. Community Cares Program is your employer for the purposes of managing the day to day operations of the company and the employees. This includes responsibility for the worksite(s), scheduling of work, safety and the direction of the individual employees in their positions.

GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	SOCIAL SECURITY NUMBER:
<hr/>			
HOME ADDRESS: (Street, P.O. Box, Apt. #)	CITY, TOWN,	STATE:	ZIP CODE:
<hr/>			
HOME PHONE NUMBER: (area code)	ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<hr/>			
HAVE YOU EVER BEEN EXCLUDED FROM FEDERAL HEALTH CARE PROGRAMS BY THE INSPECTOR GENERAL OF THE DEPT. OF HEALTH AND HUMAN SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE? _____			

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific)	I AM AVAILABLE TO WORK (Check All Applicable)	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> WEEKENDS	
	<input type="checkbox"/> MORNINGS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS	
<hr/>		
DATE AVAILABLE:	EXPECTED COMPENSATION:	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED:	MAJOR FIELD OF STUDY:	LAST YEAR COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		1 2 3 4	
SCHOOL NAME:	SCHOOL ADDRESS: (Street, P.O. Box)	City or Town	State Zip Code
<hr/>			
SECOND HIGHEST LEVEL OF EDUCATION ATTAINED:	MAJOR FIELD OF STUDY:	LAST YEAR COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		1 2 3 4	
SCHOOL NAME:	SCHOOL ADDRESS: (Street, P.O. Box)	City or Town	State Zip Code
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THIRD HIGHEST LEVEL OF EDUCATION ATTAINED:	MAJOR FIELD OF STUDY:	LAST YEAR COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		1 2 3 4	
SCHOOL NAME:	SCHOOL ADDRESS: (Street, P.O. Box)	City or Town	State Zip Code
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OTHER EDUCATION ATTAINED:	MAJOR FIELD OF STUDY:	LAST YEAR COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		1 2 3 4	
SCHOOL NAME:	SCHOOL ADDRESS: (Street, P.O. Box)	City or Town	State Zip Code

EMPLOYMENT HISTORY: (List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

REFERENCES: (List Two Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Community Cares Program or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Community Cares Program. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and/or drug screening by company physicians.

This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: _____ DATE: _____