

APPLICATION FOR EMPLOYMENT

CARE SERVICES, LLC IS AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to abide by all federal, state, and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including but not limited to cancer or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK			
First Name	Middle	Last Name	
Current Mailing Address		Maiden/Other Name(s)	
City	County	State	Zip Code
Cellular Telephone	Home Telephone	Email Address	
Position for which you are applying	Date available to work	What is your minimum salary requirement?	
Please Indicate Availability <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, HRS/WK: <input type="checkbox"/> Temporary <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays			
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Care Services to which you have applied (e.g., non-compete, non-solicit)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain below and provide a copy of said agreement.			
How did you hear about us? <input type="checkbox"/> Job Ad <input type="checkbox"/> College Board <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee Referral: Name _____ <input type="checkbox"/> Other:			
GENERAL INFORMATION			
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you 18 years old or over? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been employed by Care Services, LLC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give dates. From: (month/year) To: (month/year)			
Do you have any relatives currently working or who have previously worked for Care Services, LLC to which job you are applying? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list relatives:			
Does the position you are applying for require a license from a federal or state agency or other governing body <input type="checkbox"/> No <input type="checkbox"/> Yes			
In the past seven (7) years, have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details:			
<i>Note: Answering "Yes" may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relation to the position for which you are applying.</i>			

EMPLOYMENT HISTORY				
<i>Please list all work experience beginning with most recent/present employment. A resume may be included if desired but does not serve as a substitution for this area. Information must be completed in its entirety or the application will be considered incomplete.</i>				
1. Name of Employer				Type of Business
Address	City	State	Zip Code	Telephone Number
Position Title				Last Salary \$
Name and Title of Supervisor				Reason for Leaving
May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	Employed From (M/Y)	Employed To (M/Y)	Type of Employment <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time	
2. Name of Employer				Type of Business
Address	City	State	Zip Code	Telephone Number
Position Title				Last Salary \$
Name and Title of Supervisor				Reason for Leaving
May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	Employed From (M/Y)	Employed To (M/Y)	Type of Employment <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time	
3. Name of Employer				Type of Business
Address	City	State	Zip Code	Telephone Number
Position Title				Last Salary \$
Name and Title of Supervisor				Reason for Leaving
May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	Employed From (M/Y)	Employed To (M/Y)	Type of Employment <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time	
4. Name of Employer				Type of Business
Address	City	State	Zip Code	Telephone Number
Position Title				Last Salary \$
Name and Title of Supervisor				Reason for Leaving
May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	Employed From (M/Y)	Employed To (M/Y)	Type of Employment <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time	

EDUCATION & TRAINING					
<i>Only list colleges or universities accredited by the Department of Education (DOE) The DOE maintains a database of accredited institutions at http://op.ed.gov/accreditation. It is your responsibility to verify accreditation.</i>					
	SCHOOL NAME	STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED	GPA
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROFESSIONAL LICENSE / CERTIFICATION					
<i>List course work undertaken or degree/diploma received from and unaccredited college, as well as any other education, training, special skills or certificates/ licenses that you possess related to the job.</i>					
License/ Certification Type	Professional License/Certification #	Issuing Agency	State	Expiration Date	
License / Certification Type	Professional License/Certification #	Issuing Agency	State	Expiration Date	
List any machines, equipment, or software programs on of which you are qualified and experienced in operating.					
List any languages that you speak fluently			List any languages that you read/write fluently		
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL INFORMATION / REFERENCES					
	NAME	OCCUPATION	ASSOCIATION	TELEPHONE	
1.					
2.					
3.					
4.					
Please include any other information you think would be helpful to us in considering you for employment. This may include additional work experience, publications, activities, honors received, etc. Please omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.					

AGREEMENT (Please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Care Services, LLC any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Care Services, LLC, from liability for any damage that may result from furnishing same to Care Services, LLC.

If employed by Care Services, LLC, I agree to abide by their policies and procedures including the Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Care Services, LLC, or myself. I further understand that no manager or representative of Care Services, LLC can make any assurance or promise of continued employment.

I understand that I will be asked to provide documentation establishing lawful employment authorization, and to certify to such, as required under the Immigration Reform and Control Act of 1986. I understand that any offer of employment made to me by Care Services, LLC, whether accepted or not, is contingent upon Company investigation of this application, including the results of a reference check. I agree to this procedure. Care Services, LLC may contact my previous and current employers for references.

I understand that Care Services, LLC may obtain an investigative report for employment purposes. This report may include driving, criminal, education, degree or professional licenses depending on the position. By signing this application, I authorize the procurement of an investigative report by Care Services, LLC as part of the pre-employment background investigation and if hired, at any time during my employment.

Care Services, LLC is a Drug Free Workplace. All prospective associates will be required to undergo and pass a post-offer drug screen for the use of illegal substances in accordance with Company Policy. I understand that initially, and during the course of employment, I will be required to undergo and successfully complete a drug screen, and I specifically consent to any such screening.

I am aware that during the course of my employment and responsibilities with Care Services, LLC I may have access to the Protected Health Information (PHI) of the patients served by Care Services, LLC. PHI means information, including demographic information, whether oral or recorded in any form or medium, that relates to an individual's health, health care services, or payment for services, and which identifies, or could be used to identify the individual. This also includes information that could potentially identify the individual, such as social security number or driver's license number, even if the patient's name is not included in the information.

I understand that this Protected Health Information is highly confidential and is only to be used for the purpose of the patient's treatment, payment for treatment, or to review and improves ongoing operations. PHI must not be used or disclosed for any other reason unless authorized under Care Services, LLC HIPAA policies and procedures.

If my employment with Care Services, LLC ends, whether voluntarily or involuntarily, I hereby agree not to use or disclose any PHI to anyone for any reason.

ELECTRONIC SIGNATURE AGREEMENT

By selecting "I Agree", you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. I agree.

PLEASE SIGN AND DATE BELOW

Applicant Printed Name

Applicant Signature

Last 4 Digits of Social Security Number

Date