

All About You Home Care

An Equal Opportunity Employer



Application for Training/Employment

Employees of CDR and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the office to which you are applying.

1. Position applied for: _____
(One per application)

2. Date: _____

3. Full legal name: _____

4. Social Security # _____

5. Address: _____

6. Phone # _____

City State Zip

7. Email: _____

8. Other names used: _____

9. Previous Addresses: Please list the City and States in which you have lived, worked, attended school, temporary, etc., in the past seven years.

From ___ / ___ / ___ To ___ / ___ / ___ _____

From ___ / ___ / ___ To ___ / ___ / ___ _____

From ___ / ___ / ___ To ___ / ___ / ___ _____

General Information:

1. Referral Source: _____

Advertisement Employment Agency Friend Relative Other

2. Date Available for Work: _____ Full-Time Part-Time Temporary

3. Days Available to Work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4. Shift Available to Work: Day Evening Over Night

5. Have you ever been employed by CDR before? Yes No

If Yes, please provide dates and positions: _____

6. Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

7. Some jobs require employees to be 18 years of age or older. Do you meet this requirement? Yes No
 If not, can you provide a work permit? Yes No
8. Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes No
 (Convictions do not necessarily disqualify applicant from employment)

If yes, please explain: _____

9. Have you ever been the subject of a substantiated allegation of abuse? Yes No
10. Do you have a valid driver's license? Yes No
 If yes, please provide information below:

State of issue: _____ License # _____ Exp. Date: _____

11. Have you ever been convicted of any moving violations, including but not limited to, alcohol and drug related offenses. You must include any suspension, revocation or any occurrence involving harm to persons or property while driving. If so please explain:

Education:

1. Highest grade completed. Circle one: 1 2 3 4 5 6 7 8 9 10 11 12
2. If you did not complete high school, do you have a high school equivalency diploma? Yes No
3. Number of years of post-high school education. Circle one: 1 2 3 4 5 6 7

Name and Address of Institution	Degree Received	Major	Dates Attended

4. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

5. Please list other applicable certificates, certifications or trainings: _____

Employment History: Start with the most recent or present job. We will contact your last place of employment. List complete information for all fields.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone: _____

Fax: _____ Email: _____

Immediate Supervisor: _____ Title: _____

Start Date: _____ End Date: _____ Start Pay: _____ End Pay: _____

Reason for leaving: _____

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone: _____

Fax: _____ Email: _____

Immediate Supervisor: _____ Title: _____

Start Date: _____ End Date: _____ Start Pay: _____ End Pay: _____

Reason for leaving: _____

Job Title: _____ Duties: _____

Reason for leaving: _____

1. Summarize any special skills and qualifications or other experiences: _____

2. We may contact the employers listed above unless you indicate those you do not want us to contact. Please list the employer and the reason: _____

3. List any additional information including gaps in employment: _____

4. Do you have a current PCA, HHA or CNA certification

Yes No

If Yes, please provide date and certification: _____

Personal References: CANNOT be a relative. Must provide at least two personal references who can attest to your character, reputation and personal qualifications. **Please provide all information.**

Name: _____ Phone: _____

Address: _____ Relationship: _____

Email: _____ # of years known: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Email: _____ # of years known: _____

Applicant Statement:

I hereby certify that all entries on this application and any additional attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, is grounds for immediate dismissal of any employment in the service of the Center For Disability Rights, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Center for Disability Rights to rely upon and use, as it sees fit, any information received from such contacts.

Applicant's Signature: _____ **Date:** _____