



C.A.R.E.S.

Empowering individuals with developmental disabilities
to connect with their community.

EMPLOYMENT APPLICATION

CARES is committed to the principles of equal employment opportunity and nondiscrimination for all persons without regard to race, color, sex, sexual orientation, age, national origin, handicap or disability, citizenship status, marital status, Vietnam-era military or veteran status, genetic information, or any other legally protected characteristic. In addition, CARES complies with applicable state and local laws governing employment in every jurisdiction in which it maintains facilities.

Please Print or Type			Today's Date	
First Name	M.I.	Last Name	Preferred Nickname	
Street Address	APT#	City	State	Zip
Home Phone	Alternate Phone	Email Address		

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION				
Are you interested in:	Full Time	Part Time	Temporary	
How did you hear about CARES	Classified Ad	Friend (Name)	Radio	Internet
Desired Hourly Pay: \$				
When are you able to start work? Date:				
In what local area do you prefer to work?				
Position desired:				
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, CARES will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.				
Are you legally eligible/authorized to work in the United States? YES _____ NO _____				
Were you ever arrested & convicted of a crime? NO _____ YES _____ If yes explain below				
Do you have the availability of a motor vehicle if required for the essential functions of the position that you are applying for?			Yes	No
Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodations?			Yes	No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST) AND COMPLETE THE ATTACHED REFERENCE FORMS FOR ANY EMPLOYER WE MAY CONTACT

COMPANY NAME:		YOUR POSITION and TITLE			
FROM:	ADDRESS:			SUPERVISOR'S NAME, TITLE	
MONTH	YEAR				
TO	CITY	STATE	ZIP CODE	SUPERVISOR'S PHONE #	
MONTH	YEAR				
TELEPHONE NUMBER ()		TERMINATION VOLUNTARY _____ INVOLUNTARY _____		REASON	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION					
May we contact this Employer?					

COMPANY NAME:		YOUR POSITION and TITLE			
FROM:	ADDRESS:			SUPERVISOR'S NAME, TITLE	
MONTH	YEAR				
TO	CITY	STATE	ZIP CODE	SUPERVISOR'S PHONE #	
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References

Please list 3 professional references.

Name	Telephone Number	Occupation	How long have they known you?



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Driving History Questionnaire

Transportation is one of the central services provided to many of those served by CARES. Operation of motor vehicles by employees' carries with it substantial responsibility. Employee commitment to the safe operation of any motor vehicle used to travel for business-related purposes will minimize risk of property damage and/or bodily injury to themselves, consumers or others. Driving is an essential function for many of our positions. This form must be completed in its entirety for business related reasons. It is an essential function of the position that you are applying for.

Name: _____ DL State: _____ DL#: _____

Date Issued: _____ Expiration Date: _____

Are you at least 18 years of age? _____ YES _____ NO

Do you have at least 3 years of driving experience? _____ YES _____ NO

Do you agree to maintain, automobile insurance, listing you as a covered driver? _____ YES _____ NO

Do you have, and agree to maintain, automobile liability insurance covering you in the amount of at least \$50,000.00 Combined Single Limit or \$25,000.00 for bodily injury per person, \$50,000.00 per accident and \$25,000.00 for property damage?

YES _____ NO _____

NOTE: IF EMPLOYED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF COVERAGE.

For each of the following questions, please check the appropriate response. Have you:

1) been involved in any motor vehicle accidents within the last 5 years?

NO _____ YES _____ (please give details-i.e., at fault, not at fault, ect.)

2) received any moving violations within the last 5 years?

NO _____ YES _____ (please give details below – i.e., type, reason, ect.)

3) had your license suspended or revoked within the last 10 years?

NO _____ YES _____ (please give details)

Driver's Statement:

If employed, I agree to notify CARES in writing within 24 hours if any changes in the status of my driver's license or insurability. I understand that not providing this information as required may result in the termination of employment.

If employed, I understand and agree that any restrictions on my driver's license place legal obligations on me, which I will follow (i.e. wearing corrective lenses when driving, suspension of license) I further understand that not abiding by these restrictions is a violation of CARES policy designed to promote and protect the safety of our consumers. Violation of this policy may result in the termination of my employment.

All of the information provided by me is true and correct and I authorize CARES or their designee to verify my statement. I understand that providing false information or withholding information may result in my being considered for employment or, if employed, the termination of my employment with CARES.

Signature: _____ Date: _____



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NOTIFICATION TO APPLICANT/EMPLOYEE THAT A CONSUMER REPORT MAY BE OBTAINED

In Compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that CARES may obtain a consumer report in connection with your application for employment and for other employment related reasons, such as annual Department of Motor Vehicle report. Consumer reports, but are not limited to, credit reports, criminal background checks and Department of Motor Vehicle Report.

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I certify that I have reviewed the Company's written notification that it may obtain a consumer report or reports on me and I authorize cares to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but not limited to, credit checks, criminal background checks and Department of Motor Vehicle Reports.

Signature of Applicant/Employee

Date

Name (Please Print)

Social Security Number

This information will solely be used to conduct a criminal background check and Department of Motor Vehicle Report.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I HAVE SUBMITTED THE ATTACHED FORM TO CARES FOR THE PURPOSE OF OBTAINING EMPLOYMENT. I ACKNOWLEDGE THAT THE USE OF THIS FORM, AND MY FILLING IT OUT, DOES NOT INDICATE THAT ANY POSITIONS ARE OPEN, NOR DOES IT OBLIGATE CARES TO FURTHER PROCESS MY APPLICATION.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination from CARES employment.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with CARES in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between CARES and me, and that in the event I am hired, my employment will be "at will" and either CARES or I can terminate my employment without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by CARES to its employees is intended to or can create an employment contract, an offer of employment or any obligation on CARES part. CARES may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefits, policy practice, condition or process affecting its employees.

References: I hereby authorize CARES and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize CARES and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Employment: If employed, I understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between CARES and each client to whom I may be assigned, in the event that I accept direct employment with the client, I agree to notify CARES immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company) either for a permanent, temporary (including assignments through another agency) or consulting positions during my assignment or after my assignment has end.

Signature

Date



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Reference Verification Form

Applicant Information

Please complete the applicant information section only and submit this form with your employment applicant.

Applicant Name _____

Name at time of Employment: _____

Current/Previous Employer: _____

Employer's Address: _____

City _____ State _____ Zip _____

Position Held: _____ Start Date _____ End Date _____

Reason for leaving: _____

Supervisor's Name and Title: _____ Phone: _____

I authorize the above named person/organization to furnish CARES with any relevant information that may be required to arrive at an employment decision. I hereby release CARES and the above named person/organization from any and all liability arising from their receiving information about my employment history, qualifications or suitability for employment with CARES.

Signature: _____ Date: _____

Reference Verification (to be completed by employer listed above)

The above individual has applied to CARES for employment. We would appreciate your completing the information listed below so that we may make a more complete assessment of his/hers suitability for employment. Information that you share will be held in complete confidence. Thank you for your prompt cooperation.

Time Supervised: _____ Position(s) Held: _____

Employed from: _____ To: _____ Full Time: _____ Part Time: _____ Temp: _____ Other: _____

Reason for leaving: _____ Proper Notice: Yes: _____ No: _____

Eligible for Rehire? Yes: _____ No: _____ Conditionally: _____

	Unsatisfactory	Satisfactory	Excellent
Attendance			
Punctuality			
Quality of Work			
Job Knowledge			
Dependability			
Cooperation			
Verbal Communication Skills			
Written Communication Skills			



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