

Application for Employment

This Application for Employment will remain **valid for 30 days** from the date received. It will be reviewed for any open position available during this time frame. After 30 days have passed, a new application must be submitted for consideration for any open positions.

This Application for Employment is with CARES Community Aging & Retirement Services, Inc. ("Client Company" or "Company"). The Client Company receives PEO (Professional Employer Organization) services from PEOPLE®.

Note: The Employee Polygraph Protection Act (EPPA) prohibits most private employers from requiring lie detector tests either for pre-employment screening or during the course of employment, subject to certain exceptions. In addition, more restrictive state laws may apply.

Applicant Information

Today's Date:

First Name:

Last Name:

Middle Name(s):

Address:

Apartment #:

City:

State:

Zip Code:

County:

Email:

Telephone #:

A number of different selection tools and pieces of information are considered as you go through the employee selection, offer, and post-offer processes. You may come in contact with **some or all** of the following:

1. **Employment Application:** Complete all sections which pertain to you, sign, and date. A resume may be required but is not a substitute for completing this Application for Employment. The Application allows the Company to determine your qualifications and experience, and contains an Applicant Statement and Agreement. By signing the Application, you authorize the Company to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.
2. **Employment Interviews:** Several personal and/or telephone interviews may be conducted with you in order to obtain more detailed information regarding your background and qualifications. The Company complies with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post offer medical history questionnaire and/or undergo a medical examination. If required, new employees in the same job category will be subject to the same medical questionnaire and/or examination, and all information will be kept confidential and in separate files.
3. **Employment Testing:** Various tests may be administered to measure your aptitude and abilities in job-related areas. While most tests are short, some exams administered to management level candidates may take several hours.
4. **Reference Checks:** Former employers and educational references may be verified prior to an offer of employment.
5. **Physical Examination:** Some positions may require the applicant to take a physical examination.
6. **Records Check:** There may be verification and information checks with the Social Security Administration, criminal courts, federal, state and county repositories of criminal records, Department of Motor Vehicles, and credit bureaus, following a conditional offer of employment.
7. **Test for Evidence of Substance Abuse:** This may be a urine or saliva test for abusive levels of any chemical substance, following a conditional offer of employment.
8. **Employment Eligibility Verification (Form I-9):** This form is required by the U.S. Citizenship and Immigration Services (USCIS). If you are hired, this form will be used to verify your identity and right to work in the United States.
9. **Loss Prevention Interview:** During this interview, you may be asked questions concerning your Application, any current involvement with illegal drugs, any prior felony or misdemeanor convictions* when permitted by law, any adverse information from prior employers, and other related matters.

**Note: Answering "Yes" to questions regarding prior misdemeanor and felony convictions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

Equal Opportunity Employer/Drug-Free Workplace: The Company is an Equal Employment Opportunity employer. The Company adheres to a policy of making employment decisions without regard to race, color, religion, national origin, ancestry, citizenship, sex, sexual orientation, marital status, age, uniformed service member status, pregnancy, genetics, medical condition, disability or any other legally protected status, consistent with applicable federal, state and local laws. PEOPLE® has a Drug-Free Workplace Policy in effect that is adhered to by the Company.

Please answer all questions. Resumes are not accepted in place of this Application. Please print.

Note: This Application is designed to be used for several types of job openings. Some questions may not be applicable to the position you are seeking. If so, please indicate "Not Applicable."

Position applying for: _____

Date you are available: _____

Employment Status: Full-Time Part-Time Temporary Seasonal On-Call

Are you willing to work overtime as necessary? Yes No

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Are you 18 years of age or older? Yes No

Have you ever been employed by the Company? Yes No • If Yes, state dates of employment, location and position title:

Have you ever been terminated or asked to resign from any job? Yes No • If Yes, please explain circumstances and provide dates:

Please explain any gaps in your employment history:

May we contact your current employer? Yes No • If No, please explain:

How did you hear about this position? (Please *specify* the name of the source, agency, etc.)

Internet: _____ Newspaper: _____ Employment Agency: _____

Job Fair: _____ School/College: _____ Employee Referral: _____

Other: _____

Education:				
Name of School (Last School First)	City/State	# Years Attended	Field of Study	Diploma / Degree
Employment Record: List your present and prior employers in chronological order with the present or last employer first. If self-employed, give firm name and provide business references.				
Employer:		Supervisor:		
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
Employer:		Supervisor:		
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
Employer:		Supervisor:		
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
Employer:		Supervisor:		
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
Employer:		Supervisor:		
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				

Special Skills and Qualifications: Summarize special job-related skills or qualifications; including licenses and certificates (please give registration number, state, and expiration date) acquired from employment or other experience, which relate to the job for which you are applying.

Skill/Qualification:		
License/Certificate Number:	State:	Exp. Date:
Skill/Qualification:		
License/Certificate Number:	State:	Exp. Date:
Skill/Qualification:		
License/Certificate Number:	State:	Exp. Date:

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No • If Yes, identify names and relevant dates below.

Name:	Relevant Date:
Name:	Relevant Date:
Name:	Relevant Date:

List any relatives who are currently employed by the Company:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

References

Give name, address, telephone number and company name of three **professional references** who are **not** related to you, but **are** previous employers.

Name	Address	Telephone # (with area code)	Company Name

Give name, telephone number, and company name of three **character references not** related to you.

Name	Telephone # (with area code)	Company Name

Application for Employment Applicant Statement and Agreement

Employment Verification

I, the undersigned Applicant, hereby state that all information provided by me on this Application for Employment as well as any other documents completed in connection with my Application, including interviews, is true and accurate. I have withheld nothing that, if disclosed, would affect this Application unfavorably. I understand that any false, misleading or omitted information given in my Application, interview(s), or any other document or statement may result in disqualification from employment, or termination from employment if discovered after hire.

I authorize the company to investigate my background and all statements contained in this Application as may be necessary in arriving at an employment decision, including contacting the employers, educational institutions, and persons listed previously, as well as law enforcement agencies, credit institutions, or other persons having personal knowledge about me. I hereby release and hold harmless my current and former employers, their agents, employees, and representatives, educational institutions, persons and organizations named in this Application or accompanying resume, as well as other individuals who release information to the company in this regard from all liability on account of furnishing such information to the Company or their agents.

I further understand that the Company may obtain public records about me as part of a background investigation.

Check box if applicable: I agree to waive any right I may have to receive a copy of such public records, unless receipt is required by State law.

I authorize my previous employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Check box and provide information below if applicable: I request the employer(s) below not be contacted.

Employer(s) not to be contacted: _____

Reason for no contact: _____

Drug-Free Workplace Program

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine and/or saliva samples (as well as blood or breath samples where applicable and as allowed by law) as requested for the purpose of determining the presence of drugs and/or alcohol, if any. I authorize the release of all medical information obtained during the examination and testing procedure to the Company. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon the passing of a physical examination and satisfactory drug testing. I understand that should I decline to sign this consent or take any of the above tests, my Application may be rejected or my employment may be terminated.

Drug-Testing (if applicable)

An offer of employment is contingent on the receipt of a negative drug test for applicants of Companies with pre-employment drug testing requirements.

Bonding

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will be completed.

At-Will Employment

If this Application is accepted, I understand that my employment is terminable at-will, is for no definite period, and may be terminated by the Company or me at any time and for any reason, with or without cause or notice.

In the event of my employment by the Company, I will comply with all rules and regulations of the Company. I understand that if I am hired, I will be subject to a ninety (90) day introductory period.

If any term, provision, or portion of this Statement and Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

I certify that all information contained in this Application for Employment is true and accurate to the best of my knowledge and belief; and I have read, understand, and agree to be legally bound to all of the terms in the Applicant Statement and Agreement.

Applicant Printed Name

Applicant Signature

Date