

"Where it's all about CHOICE!"

Please print all information except for your signature. Thank you.

PERSONAL			
Name			
Date of Application			
Address			
Phone			
Mailing Address if different you're you address			
Position sought:	full-time	part-time	per-diem
How did you hear of this position?			
Date available			
Phone number	_		
Are you over 18 years old? Yes	No		
If not, are you able to supply a work pe	ermit? Yes	No	
Please indicate if you have resided in a	•	•	
Do you have the legal right to work in			0
Do you have dependable transportation	on and a valid drive	er's license? Yes	No
How many hours of work per week are	you seeking?	(circle one) 5 10 1	5 24 30 35 40
What shift can you work? (circle all th	nat apply) First	Second Third	

What days can you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun Holidays
Will you work overtime if asked? Yes No
When will you be available to begin?
Will you be able to perform the duties required for this position with or without accommodations? Yes No
EDUCATION
Please indicate your education or training that is relevant for the position you are seeking:
High School # of years completed (circle one) 1 2 3 4
Diploma? Yes No G.E.D? Yes No
School(s)
City/State
College and/or vocational school: # of years completed (circle one) 1 2 3 4
School
City/State
Major
Degree(s) Earned
Other special training or skills (e.g., ., CRMA, CPR/First Aid, DSP Certification, MANDT)
Course Degree/certificate earned
Date
Course Degree/certificate earned
Date
Other skills
EMPLOYMENT
Do you have experience supervising staff? Yes No
If yes, please describe

List most recent employer first, including U.S. Military Service.

1. Employer				
Address				
TelephonePosition				
Dates of employment: from	to			
Salary Supervisor				
Department				
Duties		FT	PT	
# of Hrs per week				
Reason for leaving:				
***********	******	******	*****	*****
2. Employer				
Address				-
TelephonePosition				
Dates of employment: from	to			
Salary Supervisor				
Department				
Duties		FT	PT	
# of Hrs per week				
Reason for leaving:				
********	******	******	******	*****
3. Employer				
Address				-
TelephonePosition				
Dates of employment: from				

Salary	Supervisor			
Department				
Duties		FT	PT	# of
Hrs				
Reason for leaving:				
If you wish to describ separate piece of pa	pe additional work experience, att per.	tach the information for	each position c	n a
Explain any gaps in w	ork history:			
Address Phone ()	Personal (no relativ			
2. Name				
Address				
Phone ()				
Professional	Personal (no relativ	es or employers)		
3. Name				
Address				
	Personal (no relative			

CERTIFICATION OF APPLICATION

RESPOND TO ALL QUESTIONS BELOW TO CERTIFY THIS APPLICATION

- 1 \square YES \square NO If you are presently employed, may we contact your employer?
- 2 □ YES □ NO Are you legally authorized to work in the United States?
- $4 \square YES \square NO$ Have you ever been terminated from a job or resigned from a job as an alternative to termination?
- 5 □YES □ NO Have you ever been disciplined or warned by an employer for excessive absence, lateness, or poor job performance?

 $6 \square YES \square NO$ Are you presently under an employment contract and/or non-compete or non-disclosure agreement? If yes, when does it expire?

The information provided by me in this Application for Employment is true, correct, and complete. If employed, I understand that any untrue, misleading, misstatement or omission of fact on this application or during the hiring process may result in my dismissal. I understand that receipt of this application does not imply that I will be employed. If employed, I understand and agree that such employment will not be governed by any expressed or implied contract but is at-will. I understand and agree that no representative of Creative Options has the authority to make any assurance to the contrary. Either Creative Options or I may terminate the employment relationship at any time, with or without notice for any lawful reason. I authorize Creative Options to communicate with my prior and current employers, school officials, government agencies, and persons named as references concerning my employment performance and history, and my skills, character, and responsibility. I hereby release and hold harmless all parties involved from any/all liability for any damage whatsoever resulting from giving information such as work performance, character, and reputation. I further understand that if I do not give permission to contact my current employer, my application may automatically be rejected. I understand that if offered a position with Creative Options, I will be required to submit to a preemployment background check which may include a criminal background check, child/adult protective services background check, sexual predator history and driver's license check. I understand that these background checks may be re-run at the discretion of Creative Options. throughout the term of my employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these requirements will result in withdrawal of any employment offer or termination of employment if already employed. I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, procedures, rules and regulations of employment of Creative Options. I understand specifically that mandatory trainings, attendance and punctuality are essential requirements of my job and non-compliance will result in disciplinary action up to and including termination.

PLEASE SIGN IF YOU HAVE READ AND UNDERSTAND THIS DOCUMENT, INCLUDING THE APPLICANT CERTIFICATION.

Signature of Applicant		
Date:	 -	

Applications are maintained for one year after submission date. They are not reviewed beyond the submission date unless you call to update your application when you see a position advertised for which you would like to be considered.