

CARC, INC. Employment Application

EEO: _____

COR: _____

Please Print or Type. Complete all questions and sign.
"SEE RESUME" is not a sufficient response to any question.

| | | | |
|--|----------------|--|---------------------|
| Last Name | First | Middle | Date of Application |
| Street Address | | | |
| City, State, Zip Code | | | Home Telephone |
| Email Address | | | Work Telephone |
| Position Desired | Date Available | Social Security Number | Cellular Telephone |
| Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief <input type="checkbox"/> Volunteer | | Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. citizenship or immigration status will be required upon employment | |
| Shift Desired <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Graveyard <input type="checkbox"/> Split | | Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Education

| Level | Name and Location of School | Diploma or Degree (Credits Earned if No Degree) | Attendance Dates | | Major |
|------------------|-----------------------------|---|------------------|-------------|-------|
| | | | From Mo/Yr | To Mo/Yr | |
| High School* | | | | | |
| College* | | | | | |
| Graduate School* | | | | | |
| Other* | | | | | |

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ **Name at the Time Earned:** _____

SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., previous work with children and/or in the behavioral health field, computer skills, software applications, foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities, starting with the most recent. Five most recent years' employment history is the minimum acceptable requirement. Completely explain any gaps in employment in the "Comments" section below. Please use the back of this application if additional space is needed.

| | | | |
|--|------------------|---------------------------|---|
| (1) Present/Most Recent Employer | Telephone | Dates Employed | Summarize the nature of the work performed and job responsibilities. |
| Address | | From | To |
| | | Mo/Yr | Mo/Yr |
| Job Title | | Hourly Rate/Salary | |
| Immediate Supervisor and Title | | Starting | |
| | | \$ | Per |
| Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship | | Hourly Rate | |
| | | Final | |
| Reason for leaving? | | \$ | Per |

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| | | | | |
|--|-----------|--------------------|--|--|
| (2) Next Previous Employer Telephone | | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From Mo/Yr | To Mo/Yr | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship | | Hourly Rate | | |
| | | Final | | |
| Reason for leaving? | | \$ | Per | |
| (3) Next Previous Employer Telephone | | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From Mo/Yr | To Mo/Yr | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship | | Hourly Rate | | |
| | | Final | | |
| Reason for leaving? | | \$ | Per | |
| Explanation of any gaps in employment longer than 30 days. Additional Comments: | | | | |
| REFERENCES | | | | |
| List three business/work references NOT related to you. If not applicable, list three school or personal references that are not related to you. | | | | |
| Name | Telephone | Years Known | In what capacity did this person observe you or your work? | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| PROFESSIONAL LICENSES | | | | |
| List any professional license(s) that are related to the position for which you are applying. List state(s) in which licensed and expiration date(s). Please note that a copy of all relevant licenses must be provided prior to employment: | | | | |

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SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? (A yes response will not necessarily disqualify you from employment.) Yes No If checked yes, please explain below.

Have you ever interviewed for a job with any CARC, INC. Office? Yes No
 If yes, when? _____ With whom? _____ Position applied for? _____

Have you ever been employed by any CARC, INC. Offices? Yes No
 If yes, when? _____ Where? _____

Are any relatives or friends currently employed by CARC, INC.? Yes No
 Name of employee(s) _____ Office where employed _____

What prompted your application to CARC, INC.? News Paper/Classified Ad _____ Radio _____ CARC, INC. Employee _____ Name _____
 (Please indicate name of ad/friend) Employment Office _____ Job Fair _____ On Line _____ CARC INC. Website _____ Facebook _____
 Friend _____ Name _____ Other _____ Name _____

PLEASE CAREFULLY REVIEW EACH RESPONSE PROVIDED IN THE ABOVE APPLICATION. WE WILL NOT CONSIDER FOR EMPLOYMENT ANY CANDIDATE WHO HAS NOT COMPLETED THIS APPLICATION IN FULL.

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VOLUNTARY AFFIRMATIVE ACTION INFORMATION

COMPLETION OF INFORMATION IS VOLUNTARY AND DOES NOT EFFECT CANDIDACY.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

DATE _____ POSTION(S) APPLIED FOR _____

REFERRAL SOURCE:

NEWSPAPER RADIO EMPLOYEE WALK IN EMPLOYMENT OFFICE JOB FAIR ON LINE OTHER

Please name source _____

APPLICANT NAME _____

LAST

FIRST

MIDDLE INITIAL

ADDRESS _____

STREET/MAILING

CITY

STATE

ZIP

PHONE _____

As required by law, we comply with governmental regulations pertaining to the Affirmative Action requirements of Section 503 of the Rehabilitation Act and Equal Employment opportunity, when applicable. Government contractors subject to the Vietnam Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and qualified handicapped individuals. In an effort to assure compliance regarding record keeping, reporting and other legal obligations, we ask that you complete this application. Please note that this is not part of your official application and is for agency record keeping for legal compliance. If you should elect to not complete the following information, it will not effect your application and candidacy for employment. All information is confidential and not used for interview purposes or screening for candidacy. Thank you for your cooperation.

CHECK AS APPLICABLE

WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE

MALE FEMALE

VIETNAM ERA VETERAN DISABLED VETERAN

INDIVIDUAL WITH A DISABILITY

FOR EEO DEPARTMENT USE ONLY – DO NOT COMPLETE BELOW THIS LINE

POSITION APPLIED FOR _____

HIRED YES NO

POSTION HIRED FOR _____

EEO CLASSIFICATION _____ NOTES _____

COMPLETED BY _____ DATE _____

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INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize CARC, INC. to conduct an investigation into my background and to conduct reference checks concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer prior to my giving notice if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by CARC, INC., I hereby authorize CARC, INC. to answer any inquiries regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request CARC, INC. to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release CARC, INC., its employees and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to CARC, INC. from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant

Date

Signature of Witness

Date



313 N Canyon
Carlsbad NM 88220
(575) 887-1181

www.hubinternational.com

**Motor Vehicle Record
Disclosure and Release**

In connection with my ongoing employment or my application for employment, should I have or secure a position with CARC Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to CARC Inc. or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **CARC Inc. commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include middle initial)

Drivers License Number

State

Signature

Date