

**CIRCLE OF FRIENDS, LLC**

**Dear Potential Employee,**

**The following items must be submitted with your application:**

1. Resume`
2. A Copy of your High School Diploma/GED or College degree and Transcripts
3. Copy of driver's license

**Requirements for Hiring:**

1. Personal vehicle
2. Valid driver's license
3. Current auto insurance declaration page
4. Good driving record (minimum of -2pts. on record)
5. Absence of a barrier crime conviction (list will be given upon request)
6. Absence of conviction for Medicaid fraud
7. Negative TB test

**If hired by Circle of Friends, LLC you will need to provide the following items:**

1. Social Security Card
2. Negative TB test
3. Current Certifications (only if available)
4. Declaration page from your auto insurance

**Completion of an 8-day orientation training provided by Circle of Friends, LLC is a requirement for employment.**

## APPLICATION FOR EMPLOYMENT

Circle of Friends, LLC is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.") Applications with missing or invalid employment phone numbers will not be considered for any position.

Position:	Name (Last, First, Middle)	Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone or Other Phone:
Are you eligible to work in the United States ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name current employer and job title?
Have you ever been employed by Circle of Friends, LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Circle of Friends, LLC employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at Circle of Friends, LLC? Check all that apply:		
<input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:		

### EDUCATION:

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEASE ONE YEAR			
NAME	ADDRESS	PHONE	YEARS ACQUAINTED

BACKGROUND:

**HAVE YOU EVER BEEN CHARGED WITH OR ARRESTED FOR ANY CRIMINAL OFFENSE OTHER THAN A MINOR MOTOR VEHICLE VIOLATION?** INCLUDES OFFENSES WHICH HAVE BEEN DISMISSED, DISCHARGED, OR NOLLE PROSEQUI. (ALL ARRESTS AND CHARGES MUST BE DISCLOSED AND EXPLAINED ON AN ATTACHED SHEET.) YES  NO

**DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE?** (IF YES, EXPLAIN ON AN ATTACHED SHEET) YES  NO

**US. MILITARY OR NAVAL SERVICE                      RANK**

**PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES**

PHYSICAL ABILITIES:

**JOB DUTIES MAY REQUIRE THAT AN EMPLOYEE LIFT UP TO 50LBS IN WEIGHT. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY PREVENT YOU FROM PERFORMING THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED?**

IF YES, PLEASE EXPLAIN.

WORK EXPERIENCE:

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

**PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Circle of Friends, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Organization Name			Starting Salary:
Address:			Final Salary:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:		Contact references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

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Organization Name		Starting Salary:	
Address:		Final Salary:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title:
Organization Name		Starting Salary:	
Address:		Final Salary:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
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Address:		Final Salary:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

ACCEPTANCE:

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND  
ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Circle of Friends, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Circle of Friends, LLC serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

**Applicant (Print):**

**Applicant Signature:** \_\_\_\_\_

**Date:** 4/23/18