RECAL ADULT DAY SERVICES

Employment Application

Please print and fill out all sections (if not applicable, enter N/A)

An Equal Opportunity Employer

Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

1. Applicant Information

| Applicant Name: | | | | |
|---|----------------------|---------------|------------------------------------|--|
| Home Phone | | | | |
| Cell Phone | | | | |
| Email Address | | | | |
| Preferred method to contact | | | | |
| Current Address: | | | | |
| Number and street | | | | |
| City | | State | Zip | |
| State & Zip | | | | |
| How were you referred to R | legal? | | | |
| | | | | |
| 2. Employment Positi | ons | | | |
| Position(s) applying for: | | | | |
| Are you applying for: | Temporary work – s | such as summ | er or holiday work? [] Y or [] N | |
| | Regular part-time w | ork? [] Y or | [] N | |
| | Regular full-time we | ork?[]Y or[| [] N | |
| | | | | |
| What days and hours are you available for work? | | | | |
| If applying for temporary work, when will you be available? | | | | |
| If hired, on what date can you start working?// | | | | |
| Can you work on the weekends? [] Y or [] N | | | | |
| Can you work evenings? [] | Y or [] N | | | |
| Are you available to work overtime? [] Y or [] N | | | | |
| Salary desired: \$ | | | | |



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3. Personal Information:

| Have you ever applied to / worked for Company before? [] Y or [] N |
|--|
| If yes, please explain (include date): |
| Do you have any friends, relatives, or acquaintances working for Company? [] Y or [] N |
| If yes, state name & relationship: |
| If hired, would you have transportation to/from work? [] Y or [] N |
| Are you over the age of 18? [] Y or [] N |
| (If under 18, hire is subject to verification of minimum legal age.) |
| If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to |
| work in the United States? [] Y or [] N |
| If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N |
| Are you able to perform the essential functions of the job for which you are applying, either with / |
| without reasonable accommodation? [] Y or [] N |
| If no, describe the functions that cannot be performed: |
| |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N |
| If yes, please describe the crime - state nature of the crime(s), when and where convicted and |
| disposition of the case. |
| |
| Are you willing to submit to a background check? [] Y or [] N |

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



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4. Education, Training and Experience

| High School: | | |
|--------------------------------|-------|-----|
| School name: | | |
| School address | | |
| City | State | Zip |
| Number of years completed: | | , |
| Did you graduate? [] Y or [] N | | |
| Degree / diploma earned: | | |
| | | |
| College / University: | | |
| School name: | | |
| School address | | |
| City | State | Zip |
| Number of years completed: | | |
| Did you graduate? [] Y or [] N | | |
| Degree / diploma earned: | | |
| | | |
| Vocational School | | |
| Name: | | |
| Address: | | |
| City | State | Zip |
| Number of years completed: | | |
| Did you graduate? [] Y or [] N | | |
| Degree / diploma?: | | |



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| Military: | |
|-------------------------|------------------------------|
| Branch: | |
| Rank in Military: | |
| Total Years of Service: | |
| Skills/duties: | |
| Related details: | |
| | |
| Employment: | |
| Company | |
| Address | |
| City, State, Zip | Phone |
| Dates of employment | |
| Supervisor: | May we contact: Yes [] No [] |
| If no, why: | |
| | |
| Reason for leaving | |
| | |
| | |
| Company | |
| Address | |
| City, State, Zip | Phone |
| Dates of employment | |
| Supervisor: | May we contact: Yes [] No [] |
| If no, why: | |
| | |
| Reason for leaving | |
| | |



Company

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| Address | |
|---|------------------------------|
| | |
| City, State, Zip | Phone |
| Dates of employment | |
| Supervisor: | May we contact: Yes [] No [] |
| If no, why: | |
| | |
| Reason for leaving | |
| | |
| | |
| Company | |
| Address | |
| City, State, Zip | Phone |
| Dates of employment | |
| Supervisor: | May we contact: Yes [] No [] |
| If no, why: | |
| | |
| Reason for leaving | |
| | |
| | |
| 5. Other Certifications/Licenses and expiration dates | |
| | |
| | |
| | |
| 6. References (please provide at least 2) | |
| Name: | |
| Relationship: | |
| Phone: | |



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| Name: | |
|--|---|
| Relationship: | |
| Phone: | |
| | |
| Name: | |
| Relationship: | |
| Phone: | |
| Please write a couple of paragraphs describing your day today. | |
| | _ |
| | |
| | |
| | |
| | _ |
| | |
| | |
| | |
| | _ |
| | _ |
| | _ |
| Use additional paper if necessary. | |



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| Please Read and Initial Each Paragraph, then Sign Delow |
|---|
| I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. |
| I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. |
| I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. |
| Applicant's Signature: |
| Date: |