



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non job related medical condition or disability.

PLEASE PRINT

Date of Application: _____

Position(s) Applied for _____ Minimum salary required: _____

How did you hear about us? Newspaper () Employee Referral () Internet () Walk-In () Other ()

Please List/Describe: _____

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ PHONE _____

If employed and you are under 18, can you furnish a work permit? Yes _____ No _____

Have you ever filed an application with Community Options, Inc.? Yes _____ No _____

Have you ever been employed by Community Options, Inc? Yes _____ No _____

If yes, your reason for leaving _____

Are you employed now? Yes _____ No _____

May we contact your employer? Yes _____ No _____

On what date would you be available to work? _____

Are you available to work Full Time _____? Part Time _____? Shift _____? Substitute _____?

Are you on layoff and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Driver's license number: _____

Are you willing to use your car for work? Yes _____ No _____

Are you legally eligible for employment in this country? (Proof of identity and work authorization may be required upon employment) Yes _____ No _____

Have you been convicted of or plead guilty to a crime or any other offense, other than a traffic violation, which has not been expunged or sealed by a court? Yes _____ No _____

(A criminal conviction will not necessarily disqualify you from the job which you have applied for, to help us evaluate your application, please describe the date of the offense, the nature of the offense and your subsequent rehabilitation.)

If Yes, please explain: _____

Have you ever been adjudged civilly or criminally liable for abuse? Yes _____ No _____

List relatives employed by Community Options, Inc., how related, and where they work. (If you live in California, do not answer this question.)

- 1. _____ 2. _____

COMMUNITY OPTIONS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

This application will not be considered unless fully completed.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignment and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer _____ Dates employed _____

Telephone _____ Job Title _____

Supervisor _____ May we contact? Yes _____ No _____

Reason for Leaving _____

Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Employer _____ Dates employed _____

Telephone _____ Job Title _____

Supervisor _____ May we contact? Yes _____ No _____

Reason for Leaving _____

Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Employer _____ Dates employed _____

Telephone _____ Job Title _____

Supervisor _____ May we contact? Yes _____ No _____

Reason for Leaving _____

Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Employer _____ Dates employed _____

Telephone _____ Job Title _____

Supervisor _____ May we contact? Yes _____ No _____

Reason for Leaving _____

Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

EDUCATION

School Name & Location Years Completed Diploma/Degree Course(s) of Study

ELEMENTARY _____

HIGH SCHOOL _____

COLLEGE _____

GRADUATE _____

Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities _____

Honors received _____

Are you a Veteran of the United States Military Service? Yes ____ No ____ If yes, what branch? _____

Does any medical condition prevent you from lifting? Yes ____ No ____ If yes, list _____

Please state any additional information, (i.e., languages, etc.) you would like us to consider.

Please give **name, address and telephone number** of 3 references who are not related to you and are not previous employers.

Special Employment Notice to Veterans w/ Disability, Vietnam Era Veterans and Individuals with Physical or Mental Disabilities

Government Contractors are subject to 38 USC 2012 of the Vietnam Era Veteran’s Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified veterans with a disability and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which requires government qualified individuals with a disability.

If you are a veteran with a disability, or are a person with a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner.

This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

Person w/Disability _____ Veteran w/Disability _____ Vietnam Era Veteran _____

Signed _____

APPLICANT'S STATEMENT

1. I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge.
2. I understand that this application is not an employment contract. I understand that Community Options, Inc., is an employer-at-will and that my employment may be terminated at any time, with or without notice and with or without cause.
3. I authorized a thorough investigation of my employment background, criminal and credit checks as may be necessary in arriving at an employment decision.
4. I agree to abide by Community Options, Inc. non-compete provision upon employment. I understand that my employment will be terminated in the event I solicit other agencies/providers on behalf of the people with disabilities supported by Community Options, Inc. I understand that I am bound by this non-compete provision for eighteen months following my termination from employment.
5. I understand also that I am required to abide by all rules and regulations of the Company.

I have read the above statements and I confirm my understanding by signing below.

Signature of Applicant

Date