



# Community Options, Inc.

## APPLICATION FOR EMPLOYMENT

**When form is completed click "submit to email",  
attach file and email to: [resumes-web@comop.org](mailto:resumes-web@comop.org)**

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 \_\_\_\_\_

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Employer \_\_\_\_\_ Dates employed \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Yes No

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

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Employer \_\_\_\_\_ Dates employed \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Yes No

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

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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.

**Do Not Sign** until if and when asked to come in for an interview. Then you will be asked to provide a signature attesting to the information provided in this document. In addition, you will also be asked to complete a reference form, which will allow us to verify your employment history.

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

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Signature of Applicant

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Date