

Clinton Area Care Center, Inc.

Application for Employment



Clinton Area Care Center Inc. is an equal opportunity employer who does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, gender identity, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? Yes No

Work permit number (if under 18) _____

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Are you currently employed? ____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? ___Walk In ___Advertisement ___Referral ___Indeed

If referred by an employee, who? _____

EDUCATION	Name and location of school	Degree Received/No. of Years Completed	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience, licenses, certifications and/or training that would enhance your ability to perform the position applied for? If yes, explain and/or include number and expiration date/s.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Clinton Area Care Center Inc. to hire me. If I am hired, I understand that either Clinton Area Care Center Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Clinton Area Care Center Inc. has the authority to make any assurance to the contrary.

I understand that prior to being offered employment, I may be required to take a drug screen test, physical examination and tuberculosis test. In the event that I have a disability that will affect my ability to take the test(s), I will inform Clinton Area Care Center Inc. prior to the test so that reasonable accommodation can be made. Clinton Area Care Center Inc. reserves the right to require medical documentation regarding the need for accommodation.

I attest with my signature below that I have given to Clinton Area Care Center Inc. true and complete information on this application. No requested information has been concealed. I authorize Clinton Area Care Center Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

Reference Release



I, _____, authorize Clinton Area Care Center, Inc. to contact my references to investigate my past employment and professional activities. I also agree to release from liability all persons and companies providing this information. I understand and acknowledge that any offer of employment is conditional upon Clinton Area Care Center, Inc. being completely satisfied with the information provided as a result of this reference check. I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county, and local agencies and authorities.

Applicant's Signature

Date

Email completed application to m.mcintyre@hazelifindlay.org