

NOTE: ALL APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE.

**APPLICATION FOR EMPLOYMENT
COMMUNITY OPTIONS, INC.**

Internal Use Only
Copied to: _____

Internal Use Only
Logged in: _____

Last Name					First Name					Middle					
Address: Number			Street			City			State			Zip Code			
Telephone Number (s):						Social Security Number									
						/ /									
Position (s) Applied For:						Date of Application									
						/ /									
How did you learn about us?															
Advertisement _____				Friend _____				Walk-in _____				Website _____			
Employment Agency _____					Relative _____					Other _____					
Recruited _____					Yes _____					No _____					
By Whom _____															
Date available to work: _____/_____/_____					_____			_____			_____			_____	
					full-time			part-time			shift work			temporary	
											YES			NO	
Have you ever been employed with us before? If yes, give date _____															
Are you currently employed? _____															
May we contact your Present Employer? _____															
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____															
Have you ever pled guilty, pled no contest, or been convicted of a crime? If yes, please explain. (Note: this will not necessarily disqualify you from employment)															

Are there any of the duties on the job description that you cannot perform at this time? If yes, please list below:															

High School Graduate?: _____ Yes _____ No GED: _____															
LIST SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED:															
Name and Location					Degree					Area of Study					

List Professional, Trade, Business or Civic Activities and Offices Held

Beginning with your present or most recent job, please complete the following information for all of your previous jobs. Include any job-related military service assignments and volunteer activities. Emphasize any jobs that you believe have relevant experience for the position for which you are applying.

1. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

2. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

3. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

4. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

5. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

6. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

7. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

8. Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

PLEASE ASK FOR ADDITIONAL SHEETS IF NEEDED.

List here and on attachment, if needed, any other information you would like us to know about you (except as related to age, religion, etc.) that would be relevant to the job you're applying for. Do not include organizations, which indicate race, religion, gender, national origin, disability, or other protected status.

REFERENCES: List three individuals who are not related to you and are not previous employers.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____

I certify that the information provided on this application and on any resume' or any other documents submitted in conjunction with this application are true to the best of my knowledge. I authorize investigation of all statements contained in this application and all associated documents. This application and all associated documents shall be maintained on file for 1 year. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute a specific document to that effect. In the event of employment, I understand that false or misleading information given in my application and all associated documents or interview(s) may result in discharge. We consider applicants for all positions without regard to Race, Color, Religion, Sex, Sexual Orientation, National Origin, Age, Marital or Veteran Status, presence of Non-Job Related Medical Conditions or Disabilities, or any other legally protected status.

Signature of Applicant

Date

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to Race, Color, Religion, Sex, Sexual Orientation, National Origin, Age, Marital or Veteran Status, Medical Conditions or Disabilities, or any other legally protected status. If you need interpretation services, such as a sign language or some language other than English, you should request that the agency provide this service. If you believe you have been denied benefits, services or employment because of race, color, national origin or disability you may contact the Personnel Department at Community Options, Inc. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmation Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file.

PLEASE NOTE

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Please Print

Date _____

Government agencies at this time require periodic reports on sex, ethnicity, disability, veteran, and other status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

Last Name

First Name

Middle

Address:

Number

Street

City

State

Zip Code

Social Security Number:

Current Job:

Check One _____ Male _____ Female

Check one of the following:

_____ White _____ Hispanic _____ American Indian/Alaskan Native

_____ Black _____ Other _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Name: _____ Date: _____

ADDITIONAL EMPLOYMENT EXPERIENCE:

Employer	Address
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

Employer:	Address:
Duties:	Telephone #:
Job Title:	Supervisor:
Dates of Employment: From To	
Reason for Leaving:	

Employer:	Address:
Duties:	Telephone #:
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