APPLICATION FOR EMPLOYMENT

COMMUNITY OPTIONS, INC.

**Legal** Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code

Best Telephone Number to reach you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (s) Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the best way to contact you?  Phone Text Email

Date available to work: \_\_\_/\_\_\_/\_\_\_  Full Time (30 hrs or more/week) Part Time (fewer then 30 hours/week)

Have you ever been employed with us before?  Yes  No If yes, give dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Do you have any friends, relatives, or acquaintances working for Community Options, Inc.?  Yes  No

If yes, state name & relationship: Full Name Relationship

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?  Yes  No

Do you have a current, VALID, Colorado driver’s license? Yes No

Our insurance company has additional requirements for staff under age 21. Are you under 21 years of age? Yes No

If yes, do you have no more than one moving violation or one accident in the past three years? Yes No

guilty, pled no contest, not guilty or been convicted of a crime? If yes, please explain (providing information regarding the crime and da

Beginning with your present or most recent job, please complete the following information for your previous jobs over the past three years. Include any job related military service assignment and volunteer activities. Please do not refer to your resume but complete all information in the boxes.

|  |  |
| --- | --- |
| Employer: | Address: (include city & state) |
| Duties: | Telephone #: |
| Job Title: | Supervisor: |
| Reason for Leaving: | Dates of Employment: From To |
| Employer: | Address: (include city & state) |
| Duties: | Telephone #: |
| Job Title: | Supervisor: |
| Reason for Leaving: | Dates of Employment: From To |
| Employer: | Address: (include city & state) |
| Duties: | Telephone #: |
| Job Title: | Supervisor: |
| Reason for Leaving: | Dates of Employment: From To |

PLEASE ATTACH ADDITIONAL SHEETS IF YOU HAVE MORE RELEVANT EXPERIENCE.

Do you have experience working with people who have developmental/intellectual disabilities?  No Yes, in what setting?

List any other information you would like us to know about you that would be relevant to the job you’re applying for. Do not include information that indicates race, religion, gender, national origin, disability, or other protected status.

Please list your education starting with high school (required), vocational schools, colleges and universities attended.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of School | City, State | Degree Obtained? |
| High School/GED |  |  |  |
|  |  |  |  |
|  |  |  |  |

REFERENCES: List three individuals who are not related to you, are not previous employers and who can attest to your character.

Name Phone Occupation How do you know this person?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| APPLICANT'S STATEMENT |

* 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 understand that Community Options participates in E-Verify upon hiring.
* I understand that I must be at least 18 years old to work at Community Options.
* This application and all associated documents shall be maintained on file one 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 immediate discharge.

Community Options, Inc. considers 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.**