#  Compassionate Care Community Services LLC

 APPLICATION FOR EMPLOYMENT

 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE MAIDEN

PRESENT ADRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NUMBER STREET CITY STATE ZIP

HOW LONG \_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_\_- \_\_\_\_\_\_- \_\_\_\_\_\_

TELRPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS/HOURS AVAILABLE TO WORK

IF UNDER 18, PLEASE LIST AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO PREF \_\_\_\_\_\_ THUR\_\_\_\_\_\_\_\_\_

POSITION APPLIED FOR (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MON \_\_\_\_\_\_\_\_\_ FRI \_\_\_\_\_\_\_\_\_\_\_

AND SALARY DESIRED (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TUE \_\_\_\_\_\_\_\_\_\_ SAT \_\_\_\_\_\_\_\_\_\_

( BE SPECIFIC) WED \_\_\_\_\_\_\_\_\_ SUN \_\_\_\_\_\_\_\_\_

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAN YOU WORK NIGHTS? \_\_\_\_\_\_\_

EMPLOYMENT DESIRED \_\_FULL-TIME ONLY \_\_ PART-TIME ONLY \_\_ FULL-TIME OR PART-TIME

WHEN AVAILABLE FOR WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATED HIGH SCHOOL YES\_\_\_ NO\_\_\_\_ IF YES GIVE NAME AND LOCATION OF SCHOOL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCATIONAL SCHOOL: YES\_\_\_ NO \_\_\_ IF YES GIVE NAME OF SCHOOL AND COURSE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF CRIME? YES \_\_ NO \_\_ IF YES GIVE DETAILS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A DRIVER’S LICENSE? YES \_\_\_ NO \_\_\_

WHAT IS YOUR TRANSPORTATION TO WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_\_\_ \_\_\_OPERATOR

\_\_\_\_\_ COMMERCIAL (CDL) \_\_ CHAUFFER

EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS?

HOW MANY? \_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS?

HOW MANY? \_\_\_\_\_\_\_\_\_\_\_

WORK EXPERIENCE: NAME OF LAST EMPLOYMENT PAY OR

NAME OF EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR DATES SALARY

ADDRESS

CITY, STATE, ZIP CODE FROM START

PHONE NUMBER

 TO FINAL

 YOUR LAST JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING (BE SPECIFIC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST THE JOBS YOU HELD, DUTIES, PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF LAST EMPLOYMENT PAY OR

 SUPERVISOR DATES SALARY

ADDRESS

CITY, STATE, ZIP CODE FROM START

PHONE NUMBER

 TO FINAL

 YOUR LAST JOB TITLE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_YES \_\_NO

I CERTIFY THAT THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_