

Per:	Supervisor:	Phone:	
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Which of the jobs listed in your employment history did you like best? _____

Which of the jobs listed in your employment history did you like the least? _____

EDUCATION

Education	Institution Name/Address	Years Completed	Field of Study or Degree	Graduated
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS & QUALIFICATIONS

Please list any special Training/Skills/Qualifications - List all job related training or skills you possesses such as personal abilities, honors, professional licenses, certifications, First Aid, CPR, Fire Safety, Medication Administration, Resident Rights or registrations that should be considered:

Do you speak or write a language other than English (if required for this job)? Yes No

Do you have any sign language experience (if required for this job)? Yes No

REFERENCES

Name	Address	Phone	Business	Years Known	Relationship

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- **Community Alternatives is an Equal Employment Opportunity employer. We are committed to ensuring that no person is excluded from the participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by the Community Alternatives in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities.**
- I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Community Alternatives unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.
- In consideration of my employment, I agree to conform to the rules and standards of Community Alternatives, as amended from time to time at Community Alternatives' sole discretion. I understand that in accepting this application, Community Alternatives is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I understand that no employee or representative of Community Alternatives has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are contingent upon proof of my identity, legal ability to work in the United States, successful completion of pre-employment screening and satisfactory reference checks.
- I authorize Community Alternatives to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from Community Alternatives. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks and documentation. I will, upon request, sign all necessary consent forms.

I understand that all inquiries on this application must be completed and if any inquire is left blank, my application will be rejected. I also acknowledge that I have read and understand all of the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date