



APPLICATION FOR EMPLOYMENT

Today's Date _____

Type of positions applying for: _____ Full -Time Employee _____ Part -Time Employee _____ Seasonal Employee

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

PERSONAL DATA

NAME (Last)		First	Middle	Social Security Number DO NOT EMAIL SSN
LIST ANY OTHER NAMES used in the past 7 years				
HOME ADDRESS (Number & Street)			City	State Zip
Primary Phone (with area code)			Best time to call you at home?	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address		
Are you 18 years of age or older?		Are you legally eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ave you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:		
Have you applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in what year:		
Have you been employed by B&D Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting and ending dates of employment		
If, yes, complete information below:				
Position (s) held		Reason for leaving		
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the information below				
Name	Relation	Job Title	Location	
How did you hear about us/referral? <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Gov. Emp. Agency <input type="checkbox"/> Private Emp. Agency				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number (if work related)		
If you are under 18 can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				

POSITION

Position desired	Salary expected \$ _____ month	What date are you available?
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APPLICANT NAME _____

DATE _____

EMPLOYMENT HISTORY

<i>PRESENT OR LAST EMPLOYER</i>	<i>Company name</i>	<i>Street address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City, State</i>	<i>Phone Number (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Job Duties</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>
<i>2ND PREVIOUS EMPLOYER</i>	<i>Company name</i>	<i>Street address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City, State</i>	<i>Phone Number (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Job Duties</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>
<i>3RD PREVIOUS EMPLOYER</i>	<i>Company name</i>	<i>Street address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City, State</i>	<i>Phone Number (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Job Duties</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>

COMMENTS (Including explanations of any gaps in employment)

SKILLS & QUALIFICATIONS (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.)

EDUCATION (List 3 schools attended, starting with the last one.)

<i>School</i>	<i>Name of School Street Address, City, State</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>Other</i>					
<i>College</i>					
<i>High School/GED</i>					

FOREIGN LANGUAGES (List any foreign language (s) you know and check the boxes that describe your skill level.)

<i>Language</i>	<i>Speak Some</i>	<i>Speak Fluently</i>	<i>Read</i>	<i>Write</i>

APPLICANT NAME _____

DATE _____

PROFESSIONAL INVOLVEMENT (List professional, trade, business or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

<i>Organization</i>	<i>Offices Held</i>

PROFESSIONAL REFERENCES (List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.)

<i>Name</i>	<i>City & State</i>	<i>Phone (Preferably daytime)</i>	<i>Occupation</i>

PROFESSIONAL ACCOMPLISHMENTS (List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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OTHER INFORMATION (List any additional information you would like us to consider.)

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if i have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and it's representatives for seeing such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer, The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

The application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of th Employer has the authority to make any assurances to the contrary.

APPLICANT'S SIGNATURE	DATE
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APPLICANT NAME _____

DATE _____

ADDITIONAL REQUIREMENTS

Have you ever been charged with or convicted of child/dependent adult abuse? Yes No *If yes, please explain:*

Do you have current automobile liability insurance coverage with \$100,000 per person, \$300,000 per accident, \$100,000 property damage? (Proof of coverage will be required upon employment) Yes No

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 1: EXPERIENCE

Instructions: Below are skills that meet the needs of various clients that B&D supports and serves. While some are basic requirements, others are more complex. Please rank your skill set using the 1-3 scale below.

Scale:

- 1 = New to the field of working with people with disabilities
- 2 = Less than one year of experience working with people with disabilities and/or willing to learn skills to work with people with this need
- 3 = More than one year experience working with persons with disabilities and/or has the skills or is willing to learn to work with the people with medical and behavioral needs.

- | | | |
|-----------------------------|------------------------------------|---|
| have behavior problems | have seizures | have catheters and/or require catheterization |
| are nonverbal | use colostomy pouches | require catheterization |
| are adults (18 and over) | use briefs and/or require changing | are very physically active |
| are children (18 and under) | require tube feeding | has severe or profound disabilities |

In addition, I would be willing to work with someone who (check those that apply):

- | | | |
|----------|---------------------|-------------------------|
| has pets | smokes in residence | requires some traveling |
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SECTION 2: AVAILABILITY

We provide services to individuals at all times of the day, night and weekends. To give us some idea when you are willing to work, please let us know the hours per day that you are willing to work. (For example: Mondays: 9am to 7pm)

Monday:	Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	Sunday:	

SECTION 3: PREFERENCES

We work with clients of various ages and abilities, please mark which ages of clients you are willing to work with.

Elderly	Children	Young Adults
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