



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (first, middle, last) Date of Birth Social Security Number

Street Address Email

City State Zip Phone

Professional Titles: _____

How did you hear about us? _____

AVAILABILITY / POSITION

Desired Status: FT PT
 Casual/Seasonal - Dates: _____

If hired, when could you begin work? _____

How many hours do you want to work each week? _____ Wage expectation: \$ _____/hour

Are you legally authorized to work in the U.S.? Yes No Are you currently employed? Yes No

WORK EXPERIENCE & EDUCATION

Previous Places of Employment:

Company	Position	Dates Employed	Reason for Leaving
_____ City, State	_____ _____	_____ _____	_____ _____
_____ City, State	_____ _____	_____ _____	_____ _____
_____ City, State	_____ _____	_____ _____	_____ _____

School Most Recently Attended:

School Name City State Now Enrolled: Yes No

Last Grade Completed/Degree Earned GPA Graduate: Yes No

What are your certifications, qualifications, etc. related to education/healthcare/social work/social services/working with those with disabilities?

Describe your experience in working with those with disabilities and to what capacity/what roles did you play:

Describe your experience in providing personal cares for others (toileting, grooming, showering, etc.):

Are you comfortable, with proper training, in providing assistance with personal cares on those who attend OADC? Yes No

Describe your experience in planning group activities, finding online resources, putting together an agenda for a group, and adapting activities to different ability levels:

Any particular areas of expertise/hobbies/interests that you could focus on in programming at OADC? (For example, arts n' crafts, cooking, exercise, sports, writing, animals, woodworking, technology, music, etc.)

Have you ever served in the U.S. military? Yes No

Have you been convicted of a felony in the last five (5) years? Yes No

If yes, please explain. This will not immediately exclude you from consideration.

Are there any reasons why you would not be able to come to work for a shift?

Below, please provide information of three persons you are NOT related to, whom you have known for at least one year professionally. Please notify these references that they will be contacted in regards to your employment with OADC. We must make contact with 2 of the 3 references before employment is offered.

Reference #1

Name

Relationship

Years Acquainted

Phone

Street Address

Email

City

State

Zip

Reference #2

Name

Relationship

Years Acquainted

Phone

Street Address

Email

City

State

Zip

Reference #3

Name

Relationship

Years Acquainted

Phone

Street Address

Email

City

State

Zip

By signing this acknowledgment, I hereby attest that all of the information contained in this document is true and complete to the best of my knowledge. If this application leads to employment, I understand that false and misleading information may lead to a release in consideration. I understand that if I am employed, any misrepresentation or material omission made by me on this application will lead to cancellation of this application or immediate discharge from Onward Adult Day Center when it is discovered.

I give Onward Adult Day Center the right to contact and obtain information from references, employers, educational institutions unless otherwise noted. Onward Adult Day Center does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant from considering of employment on a basis prohibited by local, state, and federal law.

This application is current for 60 days. At the conclusion of this time, if I had not heard from the employer or would like to reapply if employment is not secured, it will be necessary to fill out a new application.

I also understand that if I am hired, I will be required to provide a proof of identification and legal work authorization.

Employee Name Printed

Employee Signature

Date