



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, veteran status, disability, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL (Please print)

Name: _____ Date: _____

Address:

No.	Street	City	State	Zip
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Home Phone: _____ Other Phone: _____

Referred by: ☐ CoC Website ☐ Online ☐ Friend / relative ☐ Other:

Are you at least 21 years of age? Yes No

Position(s) applied for:

Date you are available to start: _____ Have you worked for us before? _____

If YES, when? _____ Position: _____

Indicate special qualifications or skills:

EDUCATION: Name of School	Course of Study	Years Completed	Did You Graduate?
High School:			
College:			
Graduate School:			
Other:			

Are you employed at the present time? Yes No

Do you know anyone that works at Circle of Care? Yes No

If YES, what is your relationship with them?

Have you ever been bonded? Yes No

If YES, list name(s) of employer(s):

Have you ever been involved in a child welfare investigation in this or any other state? Yes No

If YES, attach explanation. (A yes answer does not necessarily disqualify an applicant for the position being applied for.)

Have you ever been convicted of or entered a guilty plea or nolo contendere (no contest) to any criminal activity involving violence against a person; child abuse/neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others? Yes No

If YES, provide additional information:

(A conviction does not necessarily disqualify an applicant for the position for which application is being made.)

List 3 PRIOR EMPLOYERS, most recent first:

Employer _____ Phone _____ From _____ To _____
 Address _____ City, State, Zip _____ Position _____
 Supervisor's Name _____ Duties _____

Reason for leaving _____

Employer _____ Phone _____ From _____ To _____
 Address _____ City, State, Zip _____ Position _____
 Supervisor's Name _____ Duties _____

Reason for leaving _____

Employer _____ Phone _____ From _____ To _____
 Address _____ City, State, Zip _____ Position _____
 Supervisor's Name _____ Duties _____

Reason for leaving _____

MILITARY SERVICE

Branch of Service	From (Date) - To (Date)	Rank & MOS	Date Discharged
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PROFESSIONAL REFERENCES

Name	Years Known	Email Address	Telephone
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- 1) _____
- 2) _____
- 3) _____

The above information is true and complete to the best of my knowledge. Should I be employed by Circle of Care, Inc. (CoC), any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The CoC has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the CoC.

I understand the application does not constitute an employment contract of any kind. Should I be employed by CoC, I may resign at any time at my discretion with or without prior notice and CoC may terminate the employment relationship at any time at their discretion, with or without cause and with or without prior notice.

Signature of Applicant: _____ Date: _____