

DAY'S Adult Day & Senior Services, Inc.

We are an equal opportunity employer. We do not discriminate on the basis of sex, race color, religion national origin, handicapped status or veteran's status.

PERSONAL HISTORY

SOCIAL SECURITY NO. _____

STREET ADDRESS _____ APT # _____
 FIRST NAME MI LAST NAME
 CITY STATE ZIP TELEPHONE # CELLULAR #

HAVE YOU EVER WORKED FOR DAY'S ADC & SS BEFORE? NO YES IF YES, Dates and what position: _____

WHAT ARE YOUR CAREER GOALS? _____ POSITION APPLYING FOR _____

* HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? NO YES
 IF YES, DESCRIBE IN FULL _____

*A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY: _____ REFERRED BY _____

AVAILABILITY

DATE AVAILABLE FOR WORK _____ FULL TIME PART TIME WEEKENDS ONLY DO YOU HAVE TRANSPORTATION? YES/NO
 ARE YOU WILLING TO: TRAVEL YES NO WORK HOLIDAYS: YES NO WORK WEEKENDS: YES NO
 IF YOU ARE NOT A U.S. CITIZEN ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.? YES NO
 ARE THERE ANY REASONS WHY YOU WOULD BE UNABLE TO PERFORM ANY DUTIES OF THE POSITION YOU ARE APPLYING FOR? YES NO
 IF YES, EXPLAIN _____

EDUATION	NAME	ADDRESS	LAST YEAR COMPLETED	DATE GRADUATED	DIPLOMA/ DEGREE RECIEVED	LICENSE / CERTIFICATE #
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
GRADUATE						
OTHER						

Check all SKILLS that apply:

CLERICAL COMPUTER SKILLS/KNOWLEDGE FILING OTHER (Describe): _____
 LANGUAGE SPOKEN OTHER THAN ENGLISH: _____

WORK HISTORY (START WITH MOST CURRENT):

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
 PHONE _____ POSITION _____ DUTIES _____
 SUPERVISOR _____ DATES WORKED FROM: _____ TO _____ SALARY _____
 BRIEFLY DESCRIBE YOUR JOB TITLE RESPONSIBILITIES AND ACCOMPLISHMENTS _____
 REASON FOR LEAVING _____ OK TO CONTACT YES NO MGMT REF CHECK DONE BY _____

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
 PHONE _____ POSITION _____ DUTIES _____
 SUPERVISOR _____ DATES WORKED FROM: _____ TO _____ SALARY _____
 BRIEFLY DESCRIBE YOUR JOB TITLE RESPONSIBILITIES AND ACCOMPLISHMENTS _____
 REASON FOR LEAVING _____ OK TO CONTACT: YES NO REF CHECK DONE BY _____

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
PHONE _____ POSITION _____ DUTIES _____
SUPERVISOR _____ DATES WORKED FROM; _____ TO _____ SALARY _____
BRIEFLY DESCRIBE YOUR JOB TITLE RESPONSIBILITIES AND ACCOMPLISHMENTS _____
REASON FOR LEAVING _____ OK TO CONTACT [] YES [] NO REF CHECK DONE BY: _____

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
PHONE _____ POSITION _____ DUTIES _____
SUPERVISOR _____ DATES WORKED FROM; _____ TO _____ SALARY _____
BRIEFLY DESCRIBE YOUR JOB TITLE RESPONSIBILITIES AND ACCOMPLISHMENTS _____
REASON FOR LEAVING _____ OK TO CONTACT [] YES [] NO REF CHECK DONE BY: _____

PLEASE REVIEW AND SIGN WHERE INDICATED:

The information given by me is certified to be true and may be verified by DAY's Adult Day & Senior Services, Inc. Should a position be offered, and later it is found that the information is significantly untrue, incomplete or misrepresented, I understand and agree that DAY's Adult Day & Senior Services, Inc., is relieved of all commitments, financial or otherwise, pertinent to employment and that I am subject to immediate discharge without course. I understand that my employment may be dependent upon my passing a physical examination (at my own expense), Criminal Background Check, Random Drug Screening, and a written Competency Exams/Testing, where applicable.

NOTICE:

Under the Fair Credit Reporting act (Public Law 91-508) you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics, and financial responsibility. Such report would be sought through appropriate law enforcement agencies and/or credit reporting companies. Information as to the nature and scope of the report will be available after a reasonable time, upon written request.

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them, and also authorize the Registrar/Placement Office of all education institutions I attended to release an official copy of my transcript and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

APPLICANT SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS AREA OFFICE USE ONLY

Department Head Use	Personnel Office Use	Complete only if hired: Position [] Full Time [] Part Time [] Contract [] Volunteer
[] Recommend Employment	[] References Sent	Start Date: _____ Salary/Rate _____
[] Check references and refer again	[] Determined not qualified	Position Title: _____
[] Hold for future opening	[] Hold for future opening	Department Head Signature: _____ Date: _____
[] Not qualified for opening	[] Referred to department	

COMMENTS: _____

HR/Manager Signature: _____ Date: _____