

PANHANDLE SUPPORT SERVICES

Employment Application

| APPLICANT INFORMATION | | | | | | | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|------|-----------------|--|--|
| Last Name | | | | | First | | | | M.I. | Date of Applic. | | |
| Street Address | | | | | | | | Apartment/Unit # | | | | |
| City | | | State | | | ZIP | | | | | | |
| Cell Phone Number | | | | | Home Phone Number | | | | | | | |
| Date Available | | | | Social Security No. | | | | Desired Wage | | | | |
| Position Applied for | | | | | Office Location Applied for | | | | | | | |
| Do You Own A Car Or Have Reliable Transportation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | What counties are you able to work in? | | | | | | | | | |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | |
| What days can you work? (circle days) | M T W T H F S A S U | | | | | | | | | | | |
| What hours during the days you circled can you work? | | | | | | Are you able to care for a client with lifting need? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you 18 years or older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | |
| If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, what authorization? | | | | | | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | | | | | | | | | |
| Have you ever committed and/or been convicted of any criminal offense (misdemeanor, felony, abuse, maltreatment, etc)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | | | | | | | | | |
| Have you ever committed and/or been convicted of child or elder abuse (maltreatment, battery, assault, etc)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | |
| High School | | | | | Address | | | | | | | |
| From | To | Graduated? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, GED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | |
| College | | | | | Address | | | | | | | |
| From | To | Graduated? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | | |
| Other | | | | | Address | | | | | | | |
| From | To | Graduated? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | | |
| REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES) | | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | | |
| Company | | | | | Phone | () | | | | | | |
| Address | | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | | |
| Company | | | | | Phone | () | | | | | | |
| Address | | | | | | | | | | | | |

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Employment Application

| | | | | | | | |
|---|--|----|--|------------------------------|-----------------------------|----------------------|--|
| Full Name | | | | Relationship | | | |
| Company | | | | Phone | | () | |
| Address | | | | | | | |
| PREVIOUS EMPLOYMENT | | | | | | | |
| Company | | | | Phone | | () | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Wage | | \$ | |
| | | | | Ending Wage | | \$ | |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Eligible for re-hire | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Company | | | | Phone | | () | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Wage | | \$ | |
| | | | | Ending Wage | | \$ | |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Eligible for re-hire | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Company | | | | Phone | | () | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Wage | | \$ | |
| | | | | Ending Wage | | \$ | |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Eligible for re-hire | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Company | | | | Phone | | () | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Wage | | \$ | |
| | | | | Ending Wage | | \$ | |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Eligible for re-hire | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| MILITARY SERVICE | | | | | | | |
| Branch | | | | From | | To | |
| Rank at Discharge | | | | Type of Discharge | | | |
| If other than honorable, explain | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | | | |
| <p>I certify that my answers and the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may be grounds for termination of employment. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have.</p> | | | | | | | |
| Signature of Applicant | | | | Date | | | |
| Interviewed By: | | | | Date | | | |