

ALTERNATIVE ADULT DAY SERVICES, INC.
APPLICATION FOR EMPLOYMENT

Date of Application

Name _____
(Last) (First) (Middle) Social Security No. _____

Address _____
(Street, City, State & Zip Code) Drivers' License No. _____

Telephone: _____ Email: _____ DOB: _____

Position Desired: Full-Time Part-Time Other

Date Available: _____ Salary/Compensation Desired: _____

Referral Source: Employment Agency Advertisement
Walk-in Applicant School/College
Employee Referral Relative
Friend Other: _____

Have you previously applied for a position with Alternative Adult Day Services, Inc.?
Yes No If yes, when? _____

Have you been employed previously by Alternative Adult Day Services, Inc.?
Yes No If yes, when? _____

What interested you in the position for which you applied? _____

Do you know anyone who works for (or has in the past worked for) Alternative Adult Day Services, Inc.? Yes No. If yes, please identify. _____

Are you currently employed? Yes No

EDUCATIONAL DATA

School	Print Full Name, City and State for each school	No. of Yrs Completed	Degree	Major Course of Study	GPA/ Scholastic Honors
High School					
College					
Graduate School					
Trade, Business, Night or					

Corresp.					
Other Training or Education					

Alternative Adult Day Services, Inc. is an equal opportunity employer. It considers applicants for all positions without regard to race, color, gender, pregnancy or related condition, age, national origin, mental disability, physical disability, medical condition, marital status, military or veteran status, religious creed, sexual orientation, or any other characteristic protected by local, state or federal civil rights laws.

EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment, including periods of unemployment and self-employment, if any. Begin with your most recent employment and work back. Do not leave any blanks and do not write "See Resume." (If additional space is needed, attach a supplementary sheet.)

1. Employer: _____ Employed From: _____ Mo./Yr. to _____ Mo./Yr.

Address: _____

Telephone: _____

Starting Position: _____

Last Position: _____

Other Positions Held: _____

Name and Title of Supervisor in Last Position Held: _____

Duties: _____

Reason for Leaving: _____

2. Employer: _____ Employed From: _____ Mo./Yr. to _____ Mo./Yr.

Address: _____

Telephone: _____

Starting Position: _____

Last Position: _____

Other Positions Held: _____

Name and Title of Supervisor in Last Position Held: _____

Duties: _____

Reason for Leaving: _____

3. Employer: _____ Employed From: _____ Mo./Yr. to _____ Mo./Yr.

Address: _____

Telephone: _____

Starting Position: _____

Last Position: _____

Other Positions Held: _____

Name and Title of Supervisor in Last Position Held: _____

Duties: _____

Reason for Leaving: _____

4. Employer: _____ Employed From: _____ Mo./Yr. to _____ Mo./Yr.

Address: _____

Telephone: _____

Starting Position: _____

Last Position: _____

Other Positions Held: _____

Name and Title of Supervisor in Last Position Held: _____

Duties: _____

Reason for Leaving: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(If you require additional space in responding to these inquiries, continue on a separate sheet.)

1. May we contact your present employer? Yes No Your previous employers? Yes No Please identify any exceptions and any reasons why we may not contact either your present or any previous employer.

2. In order to permit a check of your work and education records, should we be made aware of any change of or assumed name that you previously used? Yes No If yes, identify your other name(s) and the name(s) of the employers and relevant dates during which you used the name(s).

3. Have you ever been terminated, dismissed or forced to resign from any employment?
Yes No If "yes" identify name(s) and relevant dates and the reason for action taken against you.

SPECIAL SKILLS
<p>Please describe any job-related skills or qualifications (e.g., foreign languages (include degree of proficiency), computers, professional associations, etc.) that would support your application.</p>
SKILLS SUMMARY
<p>Indicate below the kinds of skills you have (if appropriate to the position for which you have applied.)</p> <p>G First Aid/ Cpr _____ CPI _____ Other _____</p>

GENERAL INFORMATION

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

2. Are you at least 18 years of age? Yes No

3. Can you perform the functions of the job for which you have applied with or without reasonable accommodation? G
Yes No

4. Are you willing to work overtime as requested? Yes No

5. Please provide the names of two individuals, not related to you, who have knowledge of your work performance within the last three years.

Name Name

Address Address

Occupation Occupation

Telephone No. Telephone No.

Number of Years Acquainted

Name

Address

Occupation

Telephone No.

Number of Years Acquainted

6. In case of emergency, whom should we notify?

Name

Home Address

Business Address

Home Telephone

Business Telephone

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and the accompanying resume, if any) is true and complete to the best of my knowledge, and agree to have any of the statements checked by Alternative Adult Day Services, Inc. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration for employment and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Alternative Adult Day Services, Inc. to conduct a thorough investigation of my past employment and activities, and authorize all references provided in this application, as well as all other individuals whom representatives of Alternative Adult Day Services, Inc. may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility Alternative

Adult Day Services, Inc. and all persons acting on its behalf, and all persons and entities requesting or supplying such information to Alternative Adult Day Services, Inc.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

In consideration of my employment, I agree to conform to the rules and standards of Alternative Adult Day Services, Inc. as amended from time to time by the Company in its discretion. I agree that if I am hired by Alternative Adult Day Services, Inc., my employment will be terminable at-will, which means that I will not be employed for any specified time, and that I may quit and they may end my employment at any time, without advance notice and without cause. I understand that no employee or representative of Alternative Adult Day Services, Inc. other than the President or Secretary of the Company has any authority to enter into any agreement of employment with me for any period of time or to make any agreement contrary to the foregoing. Further, if I am hired, no one may alter the at-will nature of the employment relationship unless Alternative Adult Day Services, Inc. expresses a clear intent to do so in a specific written agreement signed by both me and the President or Secretary of the Company. I understand that, if I am hired, this application shall constitute the terms of my employment contract as an at-will employee of Alternative Adult Day Services, Inc. and it shall supersede any and all prior oral or written representations which may have been made to me.

SIGNATURE OF APPLICANT

DATE _____

Applicant Name: _____

Date Position Applied For _____

EMPLOYMENT RECORD (For Office Use Only)			
Interviewed By/Date	Interviewed By/Date	Employment Status (Check One)	
		Full-Time	Part-Time
Employment Date	Location/Title/Dept.	Temp.	Other
Supervisor	Social Security #	Exempt	Non-exempt