

## APPLICATION FOR EMPLOYMENT

Last Name:	First Name:	Middle Initial:
Street Address:		Social Security Number:
City:	State:      Zip:	Email:
Prior Address if address above is less than 3 years:		Telephone Number(s) Home:    (    ) Cell     (    ) Business: (    )
Do you have a valid driver's license?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever been convicted of a felony or within the last five years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace?    YES       NO

If, "YES", please attach a detailed explanation about the nature of the conviction and/or currently pending charges, degree of rehabilitation and time since release.

**Special Note:** You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to state law.

**EMPLOYER RESERVES THE RIGHT TO FINGERPRINT ALL NEW EMPLOYEES**

### BASIC INFORMATION

Wage desired \$\_\_\_\_\_ Days/hours available to work: \_\_\_\_\_  No Preference

Monday \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_ Full Time?     Part Time?     Temporary/Contract?

Start date desired \_\_\_\_\_ If referred, name of employee \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_  
Name and relationship
Home phone
Cell Phone

Please list 3 references that are not family that we may contact:

Name	email	Daytime Phone
_____	_____	_____
Name	email	Daytime Phone
_____	_____	_____
Name	email	Daytime Phone
_____	_____	_____

***If you have NOT attached a resume, please complete the education and work history.***

**WORK EXPERIENCE**

Start with present and/or most recent employment or volunteer experience and working backward, list all positions held which will help determine your eligibility for this position.

Job Title:	Employer's name , address, phone #:	
Name of immediate supervisor:	Employed from: (mo)                      (yr)	Employed to: (mo)                      (yr)
Reason for leaving:		
Duties (please list):		
Job Title:	Employer's name , address, phone #:	
Name of immediate supervisor:	Employed from: (mo)                      (yr)	Employed to: (mo)                      (yr)
Reason for leaving:		
Duties (please list):		
Job Title:	Employer's name , address, phone #:	
Name of immediate supervisor:	Employed from: (mo)                      (yr)	Employed to: (mo)                      (yr)
Reason for leaving:		
Duties (please list):		

**EDUCATION**

	Name of School	Location	# Yrs	Major & Degree
High School				
College				
Business/ Trade School				
Professional/Graduate Education				

**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_ (name of applicant) do hereby give permission for the release of any and all information from employment, education or personal references to this employer for the sole purpose of conducting an employment check for the position of \_\_\_\_\_ (title of position vacancy) at Life Needs Coop, Inc. dba Stanton Home. I understand this will include a mandatory criminal history background check and verification that my name does not appear on the DDS Registry of workers terminated or separated from employment due to substantiated abuse or neglect of persons with mental disabilities.

Through a documented review of the RMV license record, Stanton Home shall obtain an accurate and up-to-date vehicle license history for each staff member required to transport Program Participants. This review shall be conducted within 30-days of initial hire and yearly thereafter to ensure the staff member maintains a safe driving record.

**PLEASE READ CAREFULLY**

I, \_\_\_\_\_ (name of applicant) hereby authorize Life Needs Coop, Inc. dba Stanton Home to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release for liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

Please use this space to share anything we need to know about you.

*Life Needs Coop, Inc., dba Stanton Home is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to age, ancestry, color, criminal record, gender identity or expression, genetic information, intellectual disability, learning disability, marital status, past or present history of mental disability, military status, national origin, physical disability, political belief, pregnancy, race, religious creed, sex, sexual orientation, citizenship status, status as a Vietnam-era veteran, or other protected status under federal, state or local law. This policy governs all areas of employment, including hiring, promotion, assignment, and discharge. This policy governs all areas of employment, including hiring, promotion, assignment, and discharge.*

**THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN STANTON HOME**