



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Cell Phone	
City		State		ZIP	
Home Phone		Email Address			
Date Available to Start Work		Last 4 of Social Security number.		Pay Expected	
Position Applied for					
Other special training skills or licenses (languages, machine operation, LCSW, CSW)?					
Apart from absence for religious observance, are you available for full-time?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you work overtime, if asked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		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"/>
Have you ever been employed with us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
How did you learn of our organization?					
Do you have any relative/family member that works at Communicare Services, Inc.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, In what facility do they work?	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)

MILITARY SERVICE		COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
Branch of Service		From	To
Rank at Discharge	Date of Final Discharge	Type of Discharge	
Describe your duties and any special training			
EMPLOYMENT			
Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Indicating "See Resume" will not be accepted.			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
<i>Please list character references other than relatives, former employees or supervisors (include complete addresses and zip codes)</i>	
Full Name	Phone
Full Name	Phone
Full Name	Phone

SIGNATURE	
The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.	
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Signature	Date

Return to: Communicare Services, 107 Cranes Roost Court, Elizabethtown, KY 42701
 Fax to: (270) 763-9554