

**RADIANCE COMMUNITY CARE LLC  
APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. (\_\_\_\_) \_\_\_\_\_

**ARE YOU 18 YEARS OR OLDER?** YES \_\_\_ NO \_\_\_

**ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?** YES \_\_\_ NO \_\_\_

**EMPLOYMENT DESIRED**

REFERRED BY \_\_\_\_\_

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

CERTIFICATIONS (CPR, 1ST AID, ETC) \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

ARE YOU A LICENSED DRIVER? YES \_\_\_ NO \_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE OF LICENSE \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH OR ARRESTED FOR ANY CRIMINAL OFFENSE OTHER THAN A MINOR MOTOR VEHICLE VIOLATION? INCLUDES OFFENSES WHICH HAVE BEEN DISMISSED, DISCHARGED, OR NOLLE PROSEQUI. (ALL ARRESTS AND CHARGES MUST BE DISCLOSED AND EXPLAINED ON AN ATTACHED SHEET.) YES \_\_\_ NO \_\_\_

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? (IF YES, EXPLAINED ON AN ATTACHED SHEET.) YES \_\_\_ NO \_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

\*The age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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<b>FORMER EMPLOYERS</b> (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

<b>REFERENCES:</b> GIVE THE NAMES OF TWO EMPLOYERS AND 1 PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEASE ONE YEAR			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE NO. RELATIONSHIP

"I CERTIFY THAT 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 SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM YOUR OBTAINING THIS INFORMATION.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<b>DO NOT WRITE BELOW THIS LINE</b>	
INTERVIEWED BY _____	DATE _____
REMARKS _____	
NEATNESS _____	ABILITY _____
HIRED: YES ___ NO ___	POSITION _____ PROGRAM _____
SALARY/WAGE _____	DATE REPORTING TO WORK _____
APPROVED BY CEO _____	DATE _____
OTHER COMMENTS:	