Application for Employment

Please fill in ALL blanks, if something does not apply, please put "n/a". A resume may be attached; however, a resume does *not* take the place of a completed application.

Date of Application_____

Contact Information:

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Home Other

Email: _____

Emergency: _____ _____
Name Phone

Are you 18 or older? ☐ Yes ☐ No
Are you legally eligible to work in the USA? ☐ Yes ☐ No
Can you perform the essential function of the job(s) applied for? ☐ Yes ☐ No
Do you have a current driver's license? ☐ Yes ☐ No
Have you ever had any founded reports of child abuse or substantiated adult abuse? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Position Applied For:

Job Title(s): _____
(List all that apply)

Available Hours: (Mark each slot for your availability)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day (9a-3:30p)							
Swing (3:30-10p)							
Overnight (10p-9a)							

Available Start Date: _____

Desired Salary: _____

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RESIDENTIAL CARE

Application for Employment

Work Experience (List employers starting with the most recent):

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Main Phone Fax

Supervisor: _____ _____
Name & Title Phone

Employed From: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Main Phone Fax

Supervisor: _____ _____
Name & Title Phone

Employed From: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Application for Employment

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Main Phone Fax

Supervisor: _____ _____
Name & Title Phone

Employed From: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Education:

Type of School	Name of School	Mailing Address	Years Completed	Diploma, Degree, and Major
High School				
College				
Grad School				
Other				

Military:

Have you ever been in the armed forces? ☐ Yes ☐ No
Are you a member of the National Guard? ☐ Yes ☐ No

Military Specialty: _____

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Current Military Status: _____

Other Skills or Experience (not included above):

_____
_____
_____
_____

Personal References (must have three references) (please do not include relatives):

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Home Cell/Other

Occupation: _____ _____
Company Name & Job Title Phone

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Home Cell/Other

Occupation: _____ _____
Company Name & Job Title Phone

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ _____
Home Cell/Other

Occupation: _____ _____
Company Name & Job Title Phone

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Agreement:

I authorize the investigation of all statements contained in this employment application form. I understand that, if I am hired, any misrepresentation or omission of facts by me is cause for immediate dismissal at any time. I hereby give the Cascade Residential Care, Inc. permission to contact any or all schools, previous employers (unless otherwise indicated), and references, and hereby release the Cascade Residential Care, Inc. from any liability as a result of such contract.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This addendum does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

Signature of applicant:_____ Date:_____

Cascade Residential Care, Inc. is an equal employment opportunity employer.