



Is there any reason you could not perform all physical aspects of this job (including bending and being able to lift up to 50 pounds)? Yes No  
 If yes, please provide details: \_\_\_\_\_

**NOTE: The Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.**

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever been convicted of a crime, either a misdemeanor or a felony including but not limited to drug-related charges, sex related charges, child abuse, other crimes of violence, theft, or motor vehicle violations, other than minor traffic violations? Yes No

If yes, please explain: \_\_\_\_\_

**NOTE: Because of the Company's confidential work with vulnerable adults, background checks and criminal history checks will be made.**

**MILITARY SERVICE** Have you ever served in the military ? Yes No If yes, what branch? \_\_\_\_\_  
 Dates of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**EMPLOYMENT RECORD** Please complete your employment history even if a resume is submitted. If you need more space, please continue on a separate sheet of paper. Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER. (State beginning and ending dates of unemployment.)

Are you presently employed? Yes No May we contact your present and/or previous employer(s)? Yes No

If you are now employed, why do you want to change your job? \_\_\_\_\_

Have you ever been dismissed from employment or resigned your employment in lieu of dismissal? Yes No

If yes, when and please explain: \_\_\_\_\_

**1.**

EMPLOYER (Present or Most Recent)	HOURS PER WEEK		
ADDRESS			
SUPERVISOR	DEPT TELEPHONE		
YOUR JOB TITLE AND RESPONSIBILITIES (Please be specific; describe in detail.)			
DATE STARTED	STARTING PAY RATE	DATE LEFT	ENDING PAY RATE
REASON FOR LEAVING			

**2.**

EMPLOYER (Previous)	HOURS PER WEEK		
ADDRESS			
SUPERVISOR	DEPT TELEPHONE		
YOUR JOB TITLE AND RESPONSIBILITIES (Please be specific; describe in detail.)			
DATE STARTED	STARTING PAY RATE	DATE LEFT	ENDING PAY RATE
REASON FOR LEAVING			

3.

EMPLOYER (Previous)	HOURS PER WEEK
ADDRESS	
SUPERVISOR	DEPT
TELEPHONE	
YOUR JOB TITLE AND RESPONSIBILITIES (Please be specific; describe in detail.)	
DATE STARTED	STARTING PAY RATE
DATE LEFT	ENDING PAY RATE
REASON FOR LEAVING	

4.

EMPLOYER (Previous)	HOURS PER WEEK
ADDRESS	
SUPERVISOR	DEPT
TELEPHONE	
YOUR JOB TITLE AND RESPONSIBILITIES (Please be specific; describe in detail.)	
DATE STARTED	STARTING PAY RATE
DATE LEFT	ENDING PAY RATE
REASON FOR LEAVING	

**EDUCATION**

HIGH SCHOOL(S)	NAME OF SCHOOL	CITY and STATE	MAJOR / DEGREE
Last Grade Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12    Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE(S)	NAME OF SCHOOL	CITY and STATE	MAJOR / DEGREE
Number of Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4    Date Completed: ____/____/____			
OTHER (Give Type)	NAME OF SCHOOL	CITY and STATE	MAJOR / DEGREE
Number of Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4    Date Completed: ____/____/____			
Vocational or Technical courses studied: _____			
List any special certification, skills, knowledge, or experience which you feel may be relevant to the job you are seeking: _____			
Are you planning to pursue or are you currently enrolled in any studies or courses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when, where, for what period of time, or for what courses are you enrolled? _____			
Why would you be a good choice for this position? _____			
_____			
_____			
_____			

**PERSONAL REFERENCES** (Please list 2 individuals who you have known for at least 2 years. Do not list relatives or former/current co-workers.)

1.

NAME	ADDRESS	DAYTIME PHONE	EVENING PHONE
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2.

NAME	ADDRESS	DAYTIME PHONE	EVENING PHONE
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**OFFICE USE ONLY:**

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**APPLICANT STATEMENT**

**Certification of Truthfulness:** I represent that all statements made on this application for Employment are true and complete. I understand and agree that if the Company, at any time, should determine that any requested information was withheld by me or any of the statements furnished above are false or misleading, will be sufficient reason for not being employed, or if employed may result in my dismissal.

**Employment at Will:** In the event of my employment with the Company, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to the Company; I agree that the Company also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.

**Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

**Need for Accommodation:** If I, due to a physical or mental handicap, require an accommodation to perform the job for which I may be selected, I understand that I must notify the Company of that need, in writing, within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that the Company has not accommodated me as required by law.

**Drug and Alcohol Testing:** I agree that before and during my employment, at the request and expense of the Company, I will cooperate in such medical tests (including blood, urine, or other testing) as the Company requests to check for drugs. If employed I will cooperate with such medical tests as the Company requests to additionally test for alcohol. I waive, release, and promise not to make any claims against the Company (or any testing agency retained by it, or their employees, owners, and agent) relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, or procedures, and standards as it has adopted or implemented, to the extent not limited by law.

I acknowledge that no person other than Director of the Company has authority to offer employment for any specified period or to make any contracts contrary to the foregoing, and no such agreement will be enforceable unless it is in writing and signed by the Director of the Company.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

**Authorization and Waiver**

I authorize all previous employers, law enforcement agencies, and credit reporting services to disclose to Northview Care Corp. any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to Northview Care Corp. I further authorize the educational institutions listed in this application of employment to disclose to Northview Care Corp. any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to Northview Care Corp..

I release all former employers, educational institutions, law enforcement agencies, and credit reporting services from, and I waive any liability or claim relating to the release of information or opinions, and any employment decisions made by the Company as a result of thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

NAME (Please Print)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE