



APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

Last Name First Middle Date

Street Address Home Phone

City, State, Zip Code Cell Phone

Email Address: _____

Emergency contact (person not living with you) _____

Emergency Contact phone number: _____

Have you ever applied for employment with this Agency? Yes No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? Yes No

How did you learn of our organization? Newspaper Ad Agency employee
 Other

Are you willing to work: Days? Evenings? Weekends?

Position applying for: Caregiver/Personal Care Attendant

Direct Support Person Other (Specify) _____

Key Minds Inc. employees are required to be able to transport clients to activities and appointments.

Do you have a current Indiana Driver's License? **Y/N**

Do you have current car insurance? **Y/N**

Do you have a reliable vehicle you can drive? **Y/N**

EDUCATION:

School Name	Location of School	Course of Study	Years Attended	
College:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vo-Tech or Trade:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
High School:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

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Was your last name different from your present name during the above listed jobs?
Yes _____ No _____

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Has your Driver's License been suspended or revoked? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____

Fax: _____

Address: _____

2. Name: _____ Telephone: _____

Fax: _____

Address: _____

3. Name: _____ Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 10 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes _____ No _____

If you answered No, which job requirement can you not meet? _____

What do you enjoy doing or are your hobbies? _____

What are a few things you enjoy getting as a small gift? _____

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CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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 complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

SIGNATURE: _____

DATE: _____

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____
_____ Fax: () _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ to: _____ Position Held: _____

Would you rehire this individual? Yes _____ No _____

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Reference check performed by: _____

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____
_____ Fax: () _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ to: _____ Position Held: _____

Would you rehire this individual? Yes _____ No _____

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Reference check performed by: _____

Employee Emergency Contact Information

Employee Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

***In case of emergency, please contact:**

1.) Name: _____ Phone: _____

Relationship: _____ Address: _____

2.) Name: _____ Phone: _____

Relationship: _____ Address: _____

*Please notify this Agency immediately if any of the emergency contact information changes.



KEY MINDS INC. BACKGROUND CHECK CONSENT FORM

I, _____, understand that a criminal check is being conducted with respect to my employment application:

1. If the criminal check shows that I have been convicted of any of the felonies listed below under Part I, I will not be offered employment.
2. If the criminal check shows that I have been convicted of any of the felonies listed below under Part II in the past ten years, I will not be offered employment
3. I understand also that searches of various website will be undertaken, to include Nurse' Registries, National Sex Offender Registry and the OIG's exclusion list. If I appear in any of these registries as being unsuitable for hire, I will not be offered employment

PART I
DISQUALIFYING OFFENSES

Rape as defined in IC 35-42-41
 Criminal Deviate Conduct as defined in IC 35-42-4-2 (includes crimes of violence)
 Exploitation of an endangered children/adult as defined in IC 35-46-1-12
 Failure to report battery, neglect, or exploitation of an endangered children/adult as defined in IC 35-46-1-13.
 A felony that is substantially equivalent to a felony listed above

PART II
DISQUALIFYING UNLESS TEN (10) YEARS HAVE PASSED FROM THE DATE
OF CONVICTION

Theft as defined in IC 35-43-4)
 A felony that is substantially equivalent to a felony listed above

Email Address: _____

Other Name Used: _____

Soc: _____

First Name: _____

Middle Initial: _____

Last Name: _____

DOB: _____

Signature: _____

Date: _____