

EMPLOYMENT APPLICATION

Instructions: We appreciate your interest in Community Support Professionals. Please read the application thoroughly and do not leave any areas blank. For sections that do not apply, place N/A in the section.

An Equal Opportunity Employer and Service Provider



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone (cell)					Phone (home)					
Date Available				Social Security No.				Desired Salary		
Position Applied for:	(circle one) Associate Professional QMHP Office Other: _____									
Driver's License:	(Number/State) _____				Do you have a car for use at work? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Name the counties you would be willing to work in: (circle all that apply) New Hanover Brunswick Pender										
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 worked for or applied with this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a criminal offense other than a minor traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Would you submit to a drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain							
Is there anything in your back ground check that we need to know about?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
PHYSICAL REQUIREMENTS										
<p>Must have full mobility to move the ability to participate in vigorous physical activity which may include but not limited to bending, stooping, twisting, supporting, lifting, (up to 50 pounds). Required to frequently sit, stand, bend, stoop, and walk for extended periods; may be up to 25% of the day. Ability to walk up and down stairs to clients homes. Must be able to complete the physical requirements of NCI standards. Must have the visual, hearing, and learning capabilities sufficient to perform the essential functions defined above. Do you have any pre-existing condition that would prevent you from meeting these requirements? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, explain:</p>										
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			
SKILLS										

List any of the following skills, experiences, etc. that you have:

Training Certificates:			
Professional Licenses:		Foreign Language:	(specify)

PROFESSIONAL EXPERIENCE AND DATES

I.E.: MH/DD/SAS Programs, Internships, Practicum, Volunteer Work

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MILITARY SERVICE

Branch		From		To	
Rank at discharge		Type of discharge			
If other than honorable, explain					

PREVIOUS EMPLOYMENT

Company			Phone	()	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities (list major duties in order of importance)					
From (m/d/yy)		To (m/d/yy)		Reason for Leaving	

May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you work: Part Time or Full Time # of hours worked a week: _____
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Company			Phone	()	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities (list major duties in order of importance)					
From (m/d/yy)		To (m/d/yy)		Reason for Leaving	

May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you work: Part Time or Full Time # of hours worked a week: _____
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Company			Phone	()	
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Address					Supervisor			
Job Title					Starting Salary	\$	Ending Salary	\$
Responsibilities (list major duties in order of importance)								
From (m/d/yy)		To (m/d/yy)		Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					Did you work: Part Time or Full Time # of hours worked a week: _____			
Company					Phone	()		
Address					Supervisor			
Job Title					Starting Salary	\$	Ending Salary	\$
Responsibilities (list major duties in order of importance)								
From (m/d/yy)		To (m/d/yy)		Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					Did you work: Part Time or Full Time # of hours worked a week: _____			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature and Date	
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FOR OFFICE USE ONLY

Name of Applicant: _____ Date of Interview: _____

Interviewer Signature: _____ Date: _____