

Employment Application

Personal Information			
Worker Name:	Street Address:		
Email:	City/State/Zip:		
Phone:	Primary Language:		
Years of Related Experience to Direct Support: <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 or more	Emergency Contact Name:		
	Emergency Phone Number:		
Education and Training			
School Level	Name and Location	Graduated?	Degree Received
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relevant License or Certification			
Title		Effective Dates	
Employment History			
Company Name:		Title:	
Dates of Employment:		Reason for Leaving:	
Ending Salary or Hourly Rate: \$	Supervisor Name:		
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Phone Number:		
Company Name:		Title:	
Dates of Employment:		Reason for Leaving:	
Ending Salary or Hourly Rate: \$	Supervisor Name:		
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Phone Number:		
Professional References			
Name:	Relation:	Phone Number:	
Name:	Relation:	Phone Number:	

I certify that the information on this application is true and accurate. I realize that any false or incomplete information may result in rejection of this application, refusal to hire, or immediate discharge. I understand that Partners in Community Supports (PICS) is an Equal Opportunity Employer. I understand that this application is not a contract for employment I may resign at any time for any reason and PICS may terminate my employment at any time for any legal reason.

Worker Signature

Date