



EMPLOYMENT APPLICATION

Date: (Application will remain actively on file for 6 months)

Continuum Care Services, Inc. is an equal employment opportunity employer. The company does not discriminate on the basis of race, color, creed, religion, ancestry, marital status, gender, gender identity, pregnancy, sex, sexual orientation, national origin, political affiliation, military status, age or mental/physical disability, or any other protected status in accordance with applicable federal, state and local laws.

PERSONAL INFORMATION (Please Print)					
FULL NAME (last, first, middle)			OTHER NAMES USED		
PERMANENT ADDRESS (Street, City, State, Zip)			PHONE NUMBER ()		
TEMPORARY ADDRESS (Street, City, State, Zip) <i>if applicable</i>		E-MAIL ADDRESS	CELL NUMBER ()		
POSITION DESIRED		DATE AVAILABLE	SALARY EXPECTED <input type="checkbox"/> annually \$ <input type="checkbox"/> hourly		
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU APPLYING FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN/As Needed		
HAVE YOU EVER BEEN EMPLOYED BY Continuum Care Services, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES":	POSITION	LOCATION	DATES WORKED	REASON FOR LEAVING:
LIST ANY FRIENDS AND/OR RELATIVES CURRENTLY EMPLOYED WITH Continuum Care Services, Inc.	NAME		RELATIONSHIP		
	NAME		RELATIONSHIP		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
FOREIGN LANGUAGES SPOKEN/WRITTEN		DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT HISTORY (Start with your most recent job, account for all time including periods of unemployment)					
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE		
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ()	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly		
DESCRIBE YOUR DUTIES		REASON FOR LEAVING			
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE		
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ()	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly		
DESCRIBE YOUR DUTIES		REASON FOR LEAVING			
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE		
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ()	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly		
DESCRIBE YOUR DUTIES		REASON FOR LEAVING			
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE		
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ()	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly		
DESCRIBE YOUR DUTIES		REASON FOR LEAVING			
PLEASE LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT DURING THE LAST FIVE YEARS	FROM	TO	REASON FOR UNEMPLOYMENT		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain the circumstances:					
EDUCATIONAL HISTORY					
EDUCATION	NAME OF SCHOOL AND ADDRESS	GRADUATED YES/NO	NUMBER OF YRS.	TYPE OF DEGREE RECEIVED	
HIGH SCHOOL					
COLLEGE					
POST GRADUATE					



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LIST ANY OFFICE, CLERICAL, COMPUTER SKILLS, OR OTHER SKILLS/CREDENTIALS RELATED TO THE POSITION YOU ARE APPLYING FOR:

CRIMINAL HISTORY – A conviction (felonies or serious misdemeanors) will not necessarily disqualify an applicant.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (Please exclude any misdemeanor conviction of possession of marijuana occurring more than two years ago, any referral to pre-trial or post-trial diversion program, any misdemeanor conviction for which probation was completed and the case was dismissed and any convictions that have been judicially ordered sealed, expunged or statutorily eradicated) other than a minor traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list dates: _____	Explain fully each conviction and identify the crime, the state and county of the court in which you were convicted: (Attach separate sheet if necessary)
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AVAILABILITY SCHEDULE – Please list all times available to work

SUN	MON	TUES	WED	THURS	FRI	SAT

PLEASE TELL US HOW YOU WERE REFERRED	<input type="checkbox"/> COMPANY WEBSITE <input type="checkbox"/> WALK-IN <input type="checkbox"/> REFERRED BY COMPANY EMPLOYEE NAME: _____ LOCATION: _____ <input type="checkbox"/> INTERNET SITE which one: _____ <input type="checkbox"/> NEWSPAPER AD OR PUBLICATION _____ <input type="checkbox"/> REFERRED BY SCHOOL _____ <input type="checkbox"/> JOB FAIR where: _____ <input type="checkbox"/> OTHER _____
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PERSONAL INTERESTS

EXTRACURRICULAR ACTIVITIES:

RESPONSIBILITY OR LEADERSHIP POSITIONS (SCHOOL, SPORTS, PROFESSIONAL ORGANIZATIONS, ETC.)

BUSINESS REFERENCES

1. NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			()
2. NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			()
3. NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			()

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Continuum Care Services, Inc. unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Continuum Care Services, Inc. contacts, to provide Continuum Care Services, Inc. any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Continuum Care Services, Inc. as well as from the use or disclosure of such information by Continuum Care Services, Inc. or any of its agents, employees or representatives. I understand that any misrepresentation or falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my termination from employment. _____ (your initials)

In consideration of my employment, I agree to conform to the rules and standards of Continuum Care Services, Inc. I further agree that my employment can be terminated at will, or my compensation altered at will by Continuum Care Services, Inc., with or without cause, and with or without notice, at any time, either at my option or at the option of Continuum Care Services, Inc. I understand that no employee or representative of Continuum Care Services, Inc., other than its CEO, has the authority to enter into an agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the CEO of Continuum Care Services, Inc. may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue. _____ (your initials)

Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to Continuum Care Services, Inc., or its programs, clients, employees, plans or procedures (all of which constitute trade secrets). I agree to deliver to Continuum Care Services, Inc. any copies of confidential information, or other Continuum Care Services, Inc. property, upon termination of the employment relationship or at any time upon Continuum Care Services, Inc.'s request. I also agree not to solicit employees or clients of Continuum Care Services, Inc. either during or for one year after employment to leave Continuum Care Services, Inc. and commence work with another company. _____ (your initials)

I also understand that all offers of employment are conditioned on Continuum Care Services, Inc.'s receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. _____ (your initials)

I certify that I have received separate written notification disclosures and authorization request so that Continuum Care Services, Inc. may obtain a consumer report on me. This report may be used in connection with my application for employment and for other employment-related purposes.

I HAVE CAREFULLY READ AND AGREE TO THE ABOVE.

Signature of Applicant	Date