



## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name:		First:		M.I.:		D.O.B:		
Street Address:				Unit #:				
City:			State:			ZIP:		
Phone:			E-mail Address:					
Date Available:			Social Security No:				Desired Hourly Pay:	\$
Position Applying for:								
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 ECRC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:					

### EDUCATION

<b>High School:</b>		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
<b>College:</b>		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
<b>Other:</b>		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

List any applicable Certifications you have earned:



## REFERENCES

Please list three professional references.

### 1st Professional Reference

Full Name:	Relationship:
Company:	Length of time known:
Address:	Address:
Phone:	Email Address:

### 2nd Professional Reference

Full Name:	Relationship:
Company:	Length of time known:
Address:	Address:
Phone:	Email Address:

### 3rd Professional Reference

Full Name:	Relationship:
Company:	Length of time known:
Address:	Address:
Phone:	Email Address:

## EMERGENCY CONTACT INFORMATION

### 1st Emergency Contact

Full Name:	Relationship:
Company:	Phone:
Address:	Email Address:

### 2nd Emergency Contact

Full Name:	Relationship:
Company:	Phone:
Address:	Email Address:

*This space Left intentionally blank*



**CURRENT EMPLOYMENT**

<b>Company:</b>		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**PREVIOUS EMPLOYMENT**

<b>Company:</b>		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**PREVIOUS EMPLOYMENT**

<b>Company:</b>		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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## DISCLAIMER AND APPLICANT SIGNATURE

Exclusive Certified Residential Care is an Equal Opportunity Employer. It is E.C.R.C.'s policy not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal / termination of employment. You are hereby authorized to investigate my personal references and all information I have stated on the Application of Employment.

Print Name:

Signature:

Date:

## ELECTION OF VETERAN'S PREFERENCE:

Do you wish to claim a **Veteran's** preference?

YES  NO

If so, please check the preference you are claiming from below:

- Veteran** (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).
- Disabled Veteran** (a veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces where disability currently exists).
- Spouse of deceased Veteran**
- Spouse of disabled Veteran** who is unable to use preference due to disability.

**Note:**

If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Print Name:

Signature:

Date:



## E.C.R.C. DISCLAIMER

In accordance with E.C.R.C. Policy & Procedures we are required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for Exclusive Certified Residential Care. You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your Social Security number is voluntary, unless you are employed by E.C.R.C. If employed by E.C.R.C., you must provide a copy of your Social Security Card to be in compliance with State and Federal tax withholding laws. If you do not supply the required information, E.C.R.C. may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. Administration Staff
2. Managers and Supervisors of Departments Where Job Openings Occur

Unless otherwise authorized by State statutes or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the policies and procedures of ECRC. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

*To exercise these rights, contact the Administrator of ECRC*

**I have read and understand the above information regarding my rights.**

**Print Name:**

**Signature:**

**Date:**