

Continuous Care Services, LLC

Application for Employment

An Equal opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Last First MI			For Personal use only			Date of Application		
Street address			Type(s) of work desired			Social Security number		
City		State		Zip		Home Telephone		Work Telephone
How were you referred to us? <small>(Circle only one)</small>	A By your college	B Advertisement	C Employment Agency	D By an Employee	If so what is their name:	E Open House	F Walk-in	G Other

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer, and part-time jobs.

If more space is required please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or Present Company		Type of Business		Type or classification of job	
Street Address		Phone Number		Brief description of job duties	
City		State		Zip	
Supervisors name		Phone Number			
Base Salary		Date Worked		From To	
Reason for Leaving					
Last or Present Company		Type of Business		Type or classification of job	
Street Address		Phone Number		Brief description of job duties	
City		State		Zip	
Supervisors name		Phone Number			
Base Salary		Date Worked		From To	
Reason for Leaving					
Last or Present Company		Type of Business		Type or classification of job	
Street Address		Phone Number		Brief description of job duties	
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Supervisors name		Phone Number			
Base Salary		Date Worked		From To	
Reason for Leaving					
Last or Present Company		Type of Business		Type or classification of job	
Street Address		Phone Number		Brief description of job duties	
City		State		Zip	
Supervisors name		Phone Number			
Reason for Leaving					

Educational History

School Name	Location (City, State)	Major Course Or Subject	Dates Attended		Graduated		Degree
			From	To	Yes	No	
College							
Technical/Trade							
High School							
Other Education/Training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap)

Professional memberships, certificates or licenses held

Past and present civic or cultural activities- include office held

Principal hobbies

Special Skills

To be completed by applicant for office/clerical work		To be completed by applicant for office/clerical work	
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No Words per Minute:	Type of machines operated	Years of Experience
Dictation	<input type="checkbox"/> Yes <input type="checkbox"/> No Words per Minute:		
Computer Skills	<input type="checkbox"/> Hardware <input type="checkbox"/> Software		
Please list other skills and/or equipment/language experience you have acquired		List other shop/production skills	
		Served Apprenticeship <input type="checkbox"/> Yes Type: <input type="checkbox"/> No	

Military Record

Branch of Service From To

Present Military Affiliation:

None Reserve (Active) Reserve (Inactive)

Kinds of training and duty while in service

Professional/Work References

List two past supervisors and one person who is not related to you who has knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, City, Zip Code)	Phone Number (including area code)	Occupation

May we contact your present employer? Yes No

Wage or Salary Required? _____

Date Available _____

I hereby certify that the answer and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I Understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.
