



APPLICATION FOR EMPLOYMENT (An Equal Opportunity Employer)

Last Name		First		MI		Position Desired:		Date of Application:				
Street Address						Are you over 21 years of age? YES NO						
City			State		Zip		Cell Phone #:		Home Telephone #:	Work Telephone #:		
How were you referred to CHOICES:			Means of Transport	Valid Driver Lic #: <input type="checkbox"/>		Current Car Insurance: YES NO	Company & Policy #:		E-Mail address			
<i>Employment Record – Starting with present or most recent, list all previous employers. Include self-employment and 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.</i>												
Last or Present Company				Type of Business			Job Title					
Street Address				Phone Number			Brief description of job duties					
City			State		Zip		For Personnel Use – Employment Verification					
Supervisor <input type="checkbox"/> Name				Phone Number								
		Dates Worked										
		From	To									
Reason for Leaving												
Last or Present Company				Type of Business			Job Title					
Street Address				Phone Number			Brief description of job duties					
City			State		Zip		For Personnel Use – Employment Verification					
Supervisor <input type="checkbox"/> Name				Phone Number								
		Dates Worked										
		From	To									
Reason for Leaving												
Last or Present Company				Type of Business			Job Title					
Street Address				Phone Number			Brief description of job duties					
City			State		Zip		For Personnel Use – Employment Verification					
Supervisor <input type="checkbox"/> Name				Phone Number								
		Dates Worked										
		From	To									
Reason for Leaving												
Educational History												
School Name				Location (city, state)		Major Course or Subject		Dates Attended From To		Graduated Yes No		Degree
High School												
Technical/Trade (after high school)												
College (list all attended)												
Other education/training												

Independent Living Skills Training	Yes No	Years Exp.	C.P.R./First Aid	Yes No	Expiration Dates
Psych, Human Development, Human Resources Courses/Training:	Yes No	List:	Previous attendant duties performed:	Years Experience	
List other skills and/or special training:			List volunteer work and hobbies:		
Jobs you would not do (i.e. drive, lift, work for opposite sex, etc.)			Can you perform the essential job duties listed in the position applied for without limitation? If no, explain:		
			List foreign Language Spoken:		
			Read	Write:	
			Are you legally eligible to work in the United States?	Yes	No
			Are you 18 years of age or older?	Yes	No
Professional/Work References List two past supervisors and one non-related person who have knowledge of your qualifications for the position for which you are applying.					
Name	Title/Relationship	Address (Street, City, State, Zip code)		Phone # (include area code)	Occupation
May we contact your present employer? Date			If no, please explain:		
available for work: ___	Mornings	___	Evenings	___	Come-in
Hours willing to work: ___	Afternoons	___	Overnights	___	Live-in
				___	Weekends
					Emergency attendant on-call

I hereby certify that the answers and other information on this application are true and correct and authorize CHOICISS to verify the accuracy. 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.

At-Will Disclaimer

If given employment, I hereby agree that such employment is at-will and may be terminated by CHOICISS at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Date: _____ Signature: _____

Send completed application to:

CHOICISS (626) 359-3300 Fax (626) 359-3325

348 E. Foothill Blvd. Arcadia, CA 91006

Verification of Previous Employment Authorization and Release

Previous Employer:

Company Name

Supervisor's Name

Street address

City

State

Zip

Phone Number

Fax Number

Applicant Name : _____

Dates of Employment: From: _____ To: _____

Social Security #: _____ Job Title: _____

Essential Job Duties:

I hereby authorize any and all former employers and its employees and representatives to provide all information they deem appropriate regarding my employment and job performance to CHOICCESS and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims that I have or may have against any former employer, its agents, employees or representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Applicant Name (must be signed during your interview)

Date

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

The person named above has applied for employment with CHOICCESS for a position as a support staff to a person with a disability and has indicated your company as an employment reference. With your cooperation and the prompt return of this completed form, we will be able to consider this applicant for employment.

Is the information provided above correct? If not, please make the necessary corrections.

Please check the rating that best describes this persons most recent employment experience:

	Outstanding	Above Average	Average	Needs Improvement
Quality of Work				
Cooperation				
Reliability/Attendance				
Professionalism				
Honesty				

Reason for leaving your employ: _____

Strengths/Weaknesses: _____

Eligible for rehire? If no, why? _____

Additional comments: _____

Print name of contact person

Title

Signature

Date of Completion