



**PRIME CARE
SERVICES**

EMPLOYMENT APPLICATION

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regards to public assistance or veterans' employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Date: _____

Name: _____ Date of Birth: _____

First MI Last

Other names that I have used: _____ Social Security #: _____

Current Address: _____

Street City State Zip

Home Phone #: _____ Email address: _____

How did you hear about this position? _____ Referred By: _____

Are you legally entitled to work in the United States? YES NO

Are you at least 18 years of age? YES NO

EMPLOYMENT DESIRED

Position: RN/LPN Direct Support Professional (DSP) Program Coordinator (PC)

Program Manager Other _____

Are you Applying for: Full-Time Part-Time On-Call Seasonal

Do you have a current Driver's License? YES NO Do you currently have a car? YES NO

Have you ever applied with us before? YES NO When? _____

PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS

Do you have any professional licenses, certifications and/or registrations? YES NO

License/Certificate/ Registration #:	Type	State Issued	Date Expires	Status (List Active, Inactive, Restricted, Conditional or Pending)

REFERENCES

Give below the names of three **work-related** references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

EDUCATION

School	High School Name	# of Years Completed	Did you Graduate?	Degree/Diploma
High School				
College/University				
Vocational/Business				

EMPLOYMENT HISTORY

List below your complete employment history for the last five years, starting with the most recent position first. Attach additional pages if necessary.

Dates Worked	Name and Address of Employer	Wage/Salary	Position	Reason for Leaving
From:	Name: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
To:	Address: _____			
From:	Name: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
To:	Address: _____			
From:	Name: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
To:	Address: _____			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

I hereby agree that, as a condition of employment by the Agency, I will promptly inform the Agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Date _____ **Signature** _____

VOLUNTARY SELF-IDENTIFICATION INFORMATION

Prime Care Services, Inc. is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

Date _____

Position Applied for _____

Gender:

- Male
- Female
- Choose not to respond

Race/Ethnic Background:

- American Indian / Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Black / African or African American
- Hispanic / Latino
- White / Caucasian

Veteran Status:

- Vietnam era veteran
- Disabled veteran
- Other veteran
- Non-veteran
- Choose not to respond

Disability Status*:

- Disabled
- Not disabled
- Choose not to respond

- Two or More Races
- Choose not to respond

* According to the American with Disabilities Act, the term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.