

PROJECT INSIGHT

Employment Application



APPLICANT INFORMATION

Full Name:

Last

First

M.I.

Date:

Phone:

Cell? Home?

2nd Phone:

E-mail Address

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

If Hired, Date Available to Begin Work?

Social Security No.

Position Applied for

Full Time

Part Time

Thank you for expressing interest in employment at Project Insight. All qualified applicants will receive consideration without discrimination due to gender, marital or veteran status, race, color, age, creed, national origin, sexual orientation, religion, disability or any other characteristic protected by federal, state and local laws, regulations or ordinances. **To enable us to properly evaluate your application for employment, please answer all questions completely and accurately.** We will be glad to accept your resume *in addition* to this completed application.

False or misleading information on this form or in any subsequent pre-employment interview are grounds for immediate termination of the application process, or if discovered after hiring, immediate termination of employment. Please review the Release and Authorization to Conduct Investigation form attached hereto.

Acceptance of this employment application for processing *does not imply* that the applicant will be employed by Project Insight. Employment eligibility is contingent upon results obtained from a thorough background investigation. This investigation may include, but is not limited to; your prior employment, criminal record, driving record, credit record, and one or more personal interviews.

Project Insight provides in-home care to people with developmental disabilities.

Do you have any physical conditions or other limitations which could negatively affect your ability to perform the job for which you are applying?

YES NO

If "Yes" Please explain:

Do you have 3 months experience, personal or professional, providing services to someone with special needs?

YES NO

Do you have current 1st Aid AND CPR certificates?

YES NO

Do you understand that you are responsible for obtaining and maintaining current 1st Aid and CPR certifications?

YES NO

Do you have your Class One Fingerprint Clearance card?

YES NO

If not, can you pass a background check to attain one?

YES NO

Do you have a current Article 9 Training certificate?

YES NO

Do you have Caregiver / Direct Care Worker (DCW) certification?

YES NO

Many of our shifts are 2-3 hours long a few days a week. A typical schedule would include multiple shifts with different clients.

YES NO

Can you adapt to multiple shifts **and the travel required**?

Sometimes we need last-minute, emergency coverage. Would you be available on short notice for fill-in shifts?

YES NO

Many of our clients require lifting and/or transfers.

Do you have experience or training with lifts and transfers?

YES NO

Are you able to **lift** 100 lbs?

YES NO

150 lbs?

YES NO

Are you able to **transfer** at least 100 lbs?

YES NO

150 lbs?

YES NO

Starting wage is typically \$17.50 per hour. Is this acceptable to you?

YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.?

YES NO

Are you 18 years of age or older? YES NO

U.S. Visa Type?

Alien Registration #

Have you ever worked for this company? YES NO

If so, when?

Have you ever been convicted of a felony? YES NO

If yes, explain

How did you first learn about this position?

AVAILABILITY

To assist in determining availability please provide your major cross streets below.

Cross Streets:

Shifts may be early morning or late evening, weekends, once a week or every day. What is your availability?

Availability: (Check all that apply) Sun Mon Tues Wed Thurs Fri Sat

Available hours:

PREVIOUS EMPLOYMENT

Company _____ 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 NO

If "no" please explain:

PREVIOUS EMPLOYMENT

Company _____ 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 NO
If "no" please explain: _____

Company _____ 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 NO
If "no" please explain: _____

Company _____ 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 NO
If "no" please explain: _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

RELEASE AND AUTHORIZATION TO CONDUCT INVESTIGATION

I, _____ am applying for the position of _____.

I hereby state that the information provided in this Employment Application is accurate and complete.

I understand that Project Insight provides in-home services to its clients, among other services and as such owes a duty and obligation to its clients and employees to determine the character of its workers.

I understand that if any information I have provided is untrue or misleading or incomplete, and this discovery takes place either prior to or after employment, this fact shall be cause for rejection of this Application, and/or dismissal from employment at any time after the discovery.

I hereby authorize Project Insight to investigate, either internally or through a third party, the information I have provided on the employment application form, and to obtain an investigative consumer report about me now, and at any time during my employment with Project Insight, in the event I become employed by Project Insight.

I understand that this report may contain information about me obtained through interviews with friends, neighbors and acquaintances and employers. I understand that this report may contain information relating to my character, general reputation, and personal characteristics.

I understand that this investigation will inquire about categories such as criminal history, driving records, employment history, education credentials and work status. Inquiries may be made regarding performance evaluations, work-related characteristics (e.g. punctuality), and termination records.

I hereby authorize all persons and organizations that may have information relevant to this investigation to disclose such information to Project Insight or its agent for that purpose. I hereby release all such furnishers of information from liability on account of true and accurate disclosure. I further authorize the use of a photocopy of this Release as proof of its validity.

I hereby release Project Insight, its employees and agents, from any and all liability in the collection and gathering of information about me in relation to this Employment Application and in relation to any subsequent investigation conducted by Project Insight and/or its agents, with regard to my employment.

I understand that I have the right to make a written request concerning the nature and scope of any such investigative inquiry.

In the event I am employed by Project Insight, and in consideration of any such employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Project Insight or myself.

I understand that this Agreement can be modified only by the President or Vice-President of Project Insight, which modification, to be effective, shall be in writing and signed by both parties.

SIGNED: _____ DATE: _____

PRINT NAME: _____

SSN: ____ - ____ - ____