

## Camelot Care Center APPLICATION FOR EMPLOYMENT

**Camelot Care Center** is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification **Camelot Care Center** will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

### General Information

Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>		email	<input type="text"/>		<input type="text"/>
City	<input type="text"/>		State	<input type="text"/>		Zip Code <input type="text"/>
How long at this address	<input type="text"/>					
<p><b>List all names (other than the name listed above) that you have used or by which you have been known. Maiden names and etc.)</b></p> <p>Name <input type="text"/></p> <p>Last <input type="text"/></p>						
If you have resided at this address less than one year, or if it is a temporary address, list your prior address:						
Address	<input type="text"/>					
Current Telephone	<input type="text"/>		Cell Telephone	<input type="text"/>		
Social Security Number	<input type="text"/>					
<b>Position Sought</b>						
Position(s) Desired	<input type="text"/>					
Salary Expected	<input type="text"/>					
Are you available to work	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Overtime <input type="radio"/> Temporary <input type="radio"/> On Call <input type="radio"/> Any Shift					
On what date would you be available for work?	<input type="text"/>					
List any restrictions on days or hours you are available to work	<input type="text"/>					
Are you on a lay-off and subject to recall?	<input type="radio"/> YES <input type="radio"/> NO		<input type="text"/>			
How were you referred to employment with us?	<input type="text"/>					
<b>Qualifications</b>						
Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied?				<input type="radio"/> YES <input type="radio"/> NO		

*Federal law requires applicants to present certain documentation to verify their identity and United States citizen status or, if an alien, their legal authorization to work in the United States.*

Are you 18 years of age or older? <input type="radio"/> YES <input type="radio"/> NO
--

If no, date of birth <input style="width: 150px;" type="text"/>
---

Type of School	Name of School	City	State	Number of Years Completed	Course Pursued/Degrees Granted
Grade School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Junior High School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Senior High School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
College or University	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Business, Trade, or Technical School or College	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Graduate School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Have you ever been employed by <b>Camelot Care Center</b> ?	<input type="radio"/> YES <input type="radio"/> NO
---	--

If yes, given date and reason for leaving	<input style="width: 100%;" type="text"/>
---	---

Are you or have you ever been on the Medicare, Medicaid, Federal health care program exclusion list?	<input type="radio"/> YES <input type="radio"/> NO
--	--

If yes, please explain:	<input style="width: 100%;" type="text"/>
-------------------------	---

Do you have any relatives that are employed here?	<input type="radio"/> YES <input type="radio"/> NO
---	--

If yes, please list them by name	<input style="width: 100%;" type="text"/>
----------------------------------	---

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? <i>(Conviction or plea will not necessarily disqualify applicant from employment.)</i>	<input type="radio"/> YES <input type="radio"/> NO
--	--

If yes, please explain	<input style="width: 100%;" type="text"/>
------------------------	---

Are you currently a person who is excluded, debarred, suspended or otherwise	<input type="radio"/> YES <input type="radio"/> NO
--	--

ineligible to participate in any federal or state health care program (Medicare, Medicaid and etc).	
---	--

If you become an employee of Employer and, during that employment, you become a person who is excluded, debarred, suspended or otherwise an Ineligible person; do you promise to immediately advise Employer in writing of that fact?	<input type="radio"/> YES <input type="radio"/> NO
---	--

Have you ever been discharged from any position?	<input type="radio"/> YES <input type="radio"/> NO
--	--

If yes, please explain	<input type="text"/>
------------------------	----------------------

Have you ever had your licensure revoked?	<input type="radio"/> YES <input type="radio"/> NO
---	--

If yes, why?	<input type="text"/>
--------------	----------------------

Name of person we should notify in case of emergency	<input type="text"/>
--	----------------------

Address	<input type="text"/>
---------	----------------------

Emergency Phone No.	<input type="text"/>
---------------------	----------------------

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, or military service.	<input type="text"/>
---	----------------------

Do you have a valid Indiana driver's license (if job related)?	<input type="radio"/> YES <input type="radio"/> NO
--	--

If yes, state type of license	<input type="text"/>
-------------------------------	----------------------

Have you been a member of the armed forces of the United States?	<input type="radio"/> YES <input type="radio"/> NO
--	--

If yes, state highest rank achieved and any special skills or abilities that directly relates to the job for which you are applying:	<input type="text"/>
--	----------------------

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Telephone No.	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employment				
Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.				
Employer	<input style="width: 95%;" type="text"/>			
Address	<input style="width: 80%;" type="text"/>	Telephone	<input style="width: 80%;" type="text"/>	
Job Title	<input style="width: 90%;" type="text"/>		Immediate Supervisor	<input style="width: 80%;" type="text"/>
Employment Dates	From	<input style="width: 40%;" type="text"/>	To	<input style="width: 40%;" type="text"/>
Salary/Hourly Rate	Starting	<input style="width: 40%;" type="text"/>	Final	<input style="width: 40%;" type="text"/>
Kind of Work Performed	<input style="width: 95%;" type="text"/>			
Reason for Leaving	<input style="width: 95%;" type="text"/>			
Employer	<input style="width: 95%;" type="text"/>			
Address	<input style="width: 80%;" type="text"/>	Telephone	<input style="width: 80%;" type="text"/>	
Job Title	<input style="width: 90%;" type="text"/>		Immediate Supervisor	<input style="width: 80%;" type="text"/>
Employment Dates	From	<input style="width: 40%;" type="text"/>	To	<input style="width: 40%;" type="text"/>
Salary/Hourly Rate	Starting	<input style="width: 40%;" type="text"/>	Final	<input style="width: 40%;" type="text"/>
Kind of Work Performed	<input style="width: 95%;" type="text"/>			
Reason for Leaving	<input style="width: 95%;" type="text"/>			
Employer	<input style="width: 95%;" type="text"/>			
Address	<input style="width: 80%;" type="text"/>	Telephone	<input style="width: 80%;" type="text"/>	
Job Title	<input style="width: 90%;" type="text"/>		Immediate Supervisor	<input style="width: 80%;" type="text"/>
Employment Dates	From	<input style="width: 40%;" type="text"/>	To	<input style="width: 40%;" type="text"/>
Salary/Hourly Rate	Starting	<input style="width: 40%;" type="text"/>	Final	<input style="width: 40%;" type="text"/>
Kind of Work Performed	<input style="width: 95%;" type="text"/>			
Reason for Leaving	<input style="width: 95%;" type="text"/>			
Employer	<input style="width: 95%;" type="text"/>			
Address	<input style="width: 80%;" type="text"/>	Telephone	<input style="width: 80%;" type="text"/>	
Job Title	<input style="width: 90%;" type="text"/>		Immediate Supervisor	<input style="width: 80%;" type="text"/>
Employment Dates	From	<input style="width: 40%;" type="text"/>	To	<input style="width: 40%;" type="text"/>
Salary/Hourly Rate	Starting	<input style="width: 40%;" type="text"/>	Final	<input style="width: 40%;" type="text"/>
Kind of Work Performed	<input style="width: 95%;" type="text"/>			
Reason for Leaving	<input style="width: 95%;" type="text"/>			

Employment Dates	From	<input type="text"/>	To	<input type="text"/>
Salary/Hourly Rate	Starting	<input type="text"/>	Final	<input type="text"/>
Kind of Work Performed	<input type="text"/>			
Reason for Leaving	<input type="text"/>			
Which of the positions listed above did you like best? Why?		<input type="text"/>		
Which of the positions listed above did you like least? Why?		<input type="text"/>		
May we contact the employers listed above?		<input type="radio"/> YES <input type="radio"/> NO		
If no, indicate which one(s) you do NOT wish us to contact, and the state the reason why you prefer that we do not contact the employer(s).		<input type="text"/>		
State any additional information you feel would be helpful in considering your application.		<input type="text"/>		

### Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I hereby release all parties, including but not limited to **Camelot Care Center** personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to **Camelot Care Center** concerning me or any action **Camelot Care Center** takes on the basis of such information.

I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by **Camelot Care Center** or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other **Camelot Care Center** material do not create any guarantee of employment and that **Camelot Care Center** has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of **Camelot Care Center** other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on **Camelot Care Center**.

Signature

Date

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS