We Value Individuals

EMPLOYMENT APPLICATION

Please complete the entire application.

1.   Employer Information

Employer: **Community Care Services LLC**
Address: 6053 Hudson Rd., Suite 345
City/State/ZIP: Woodbury, Minnesota 55125
Telephone: (651)-414-9802
Fax: (651)-493-8619

It is the policy of Community Care Services LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.   Applicant Information

Applicant Full Name: _____
                     First   **Middle**   **Last**
Social Security #   _____   _____   _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone:_____Evening Phone: _____
Mobile Phone:_____
Social Security Number: _____
Driver's License (State/Number):   _____

3.   Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime Phone:_____Evening Phone: _____

4.   Job Position Applied For: _____

Desired Shift to Work: 1_____   2_____   3_____
Full or Part Time or Temporary? _____
Salary Expectations or Rate of Pay Desired: _____

5. Who referred you to our company? _____
    Do you have any friends or relatives who work here? If yes, please list here:
    _____

6. Have you applied to our company previously? _____ Yes _____ No
    If yes, when? _____

7. Are you at least 18 years old?_____ Yes   _____ No

8. How will you get to work?   _____

9. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
    If no, please state any limitations:
    _____

10. If applicable, are you available to work overtime? _____ Yes _____ No

11. If you are offered employment, when would you be available to begin work?
    _____

12. If hired, are you able to submit proof that you are legally eligible for
    employment in the United States? _____ Yes   _____ No

13. Are you able to perform the essential functions of the job position you seek with
    or without reasonable accommodation?_____ Yes _____ No

    What reasonable accommodation, if any, would you request?
    _____

14. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are
seeking. Enter the number of years of experience, and circle the number which corresponds to
your ability for each particular skill. (**One represents poor ability, while five represents
exceptional ability.**)

Ability or Skill	Years of Experience	Rating
[ ] Typing_____		1 2 3 4 5
[ ] Microsoft Office Suite (Word, Excel, PowerPoint, etc..)_____		1 2 3 4 5
[ ] Accounting/Bookkeeping_____		1 2 3 4 5
[ ] Answering telephones_____		1 2 3 4 5

[ ] Filing_____   1 2 3 4 5
[ ] Customer service_____   1 2 3 4 5
[ ] Case Management _____   1 2 3 4 5
[ ] Transitional Service Coordination Support _____   1 2 3 4 5
[ ] Comprehensive Community Support _____   1 2 3 4 5
[ ] Housing Access Coordination Support _____   1 2 3 4 5

Ability or Skill	**Years of Experience**	**Rating**
[ ] Case Aide _____		1 2 3 4 5
[ ] Person-Centered Thinking _____		1 2 3 4 5
[ ] Writing Person-Centered Plan _____		1 2 3 4 5

15.   Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year):_____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address:_____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

16.   Applicant's Education and Training

College/University Name and Address

_____

Did you receive a degree?_____ Yes _____ No   If yes, degree(s) received: _____

High School/GED Name and Address

_____

Did you receive a degree?_____ Yes   _____ No

Other Training (graduate, technical, certification vocational):
_____

Please indicate any current professional licenses or certifications that you hold:
_____

Awards, Honors, Special Achievements:
_____

Military Service:
_____ Yes _____ No
Branch: _____
Specialized Training: _____

17.   References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

18.   Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:
        _____
        _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize **Community Care Services LLC** to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Program Director/Program Manager/Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Community Care Services LLC, except in a specific written contract of employment signed on behalf of the organization by its Program Director/Program Manager/Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. PLEASE PRINT YOUR NAME, SIGN AND DATE.

_____

APPLICANT NAME (PRINT)

_____   _____

APPLICANT SIGNATURE   **DATE**