

COVENANT CARE

806 Towne Park Drive P. O. Box 1082 Rincon, GA 31326

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status. This application shall remain on file for one yr.

PERSONAL INFORMATION

Legal name: _____
First _____ Last _____ Middle Initial _____

Address: _____
Street _____ City _____ State _____ Zip code _____

Home Telephone: _____ Other Telephone: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____ State: _____

EMPLOYMENT ELIGIBILITY

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of a felony? Yes No

Are you bonded? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

Do you know any of our current employees or consumers? If yes provide name and address and relationship: _____

How did you hear about this Job? _____

POSITION INFORMATION

Choice 1 position applying for: _____ Hourly Rate/ Salary desired: \$ _____

Choice 2 position applying for: _____ Hourly Rate/Salary desired: \$ _____

Are you able to perform the essential duties of this type of position with or without reasonable accommodations? Yes No

Are you currently employed? Yes No

Are you currently laid off to recall with another company? Yes No

Employment status desired: Full Time Part Time Temporary

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Are you willing to work:

Overtime: <input type="radio"/> Yes <input type="radio"/> No	Holidays: <input type="radio"/> Yes <input type="radio"/> No
Weekends: <input type="radio"/> Yes <input type="radio"/> No	Nights: <input type="radio"/> Yes <input type="radio"/> No

What hours are you available to work? _____

Is there any time you cannot work? _____

If hired, when could you start? _____

Are you willing to meet our attendance requirements and be at work on time in accordance with the assigned schedule? Yes No

Are you willing to travel if required for this position? Yes No

In few words, describe your strong points: _____

In few words, describe your weak points: _____

QUALIFICATIONS

What qualifications do you have that would make you a valuable employee?

Can you lift 25 lbs. or more? Yes No

EDUCATION

Type of School	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate ?
High School					
College/university					
Graduate School					
Tech School					
Other					

Special courses, training, languages or experience working with individuals with intellectual and developmental disabilities: _____

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SKILLS				
Clerical /office skills				
Computer skills	Name of software: _____	<input type="checkbox"/> PC	<input type="checkbox"/> MAC	<input type="checkbox"/> WPM
	Name of software: _____	<input type="checkbox"/> PC	<input type="checkbox"/> MAC	<input type="checkbox"/> WPM
Language Skills:				
List below languages and your level of proficiency	Read	Write	Speak	

WORK HISTORY

*NOTE: if you need more space than provided below, please make a copy of the next page and attach to the application. Describe your work history below beginning with your current or most recent job. If you worked for the same employer but held different jobs, describe each separately. Describe in detail the specific duties beginning with your primary duties. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. **You may submit a resume to document your work background.** However, if the resume does not contain all the information in the Work History, please fill in that information on the application.*

From:	TO:	Your Title:	No. Supervised:	Pay/Month:	Hours/Wk:	
Describe your job duties in details:				Current / Last Employer:		
				Employer's Address:		

				_____	_____	_____
				City	State	Zip code
Reason for leaving:				Tel:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						
From:	TO:	Your Title:	No. Supervised:	Pay/Month:	Hours/Wk:	
Describe your job duties in details:				Current / Last Employer:		
				Employer's Address:		

				_____	_____	_____
				City	State	Zip code
Reason for leaving:				Tel:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

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Describe your job duties in details:				Current / Last Employer:	
				Employer's Address:	
				_____	_____
City	State	Zip code			
Tel:					
Reason for leaving:					
May we contact this employer for reference? <input type="radio"/> Yes <input type="radio"/> No					
From:	TO:	Your Title:	No. Supervised:	Pay/Month:	Hours/Wk:
Describe your job duties in details:				Current / Last Employer:	
				Employer's Address:	
				_____	_____
City	State	Zip code			
Tel:					
Reason for leaving:					
May we contact this employer for reference? <input type="radio"/> Yes <input type="radio"/> No					
From:	TO:	Your Title:	No. Supervised:	Pay/Month:	Hours/Wk:
Describe your job duties in details:				Current / Last Employer:	
				Employer's Address:	
				_____	_____
City	State	Zipcode			
Tel:					
Reason for leaving:					
May we contact this employer for reference? <input type="radio"/> Yes <input type="radio"/> No					

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REFERENCES

	Name of Character References	Occupation	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I certify that all information on this application is correct. I authorize any agent or employee of the Covenant Care, LLC to verify this information and to release it to anyone who may consider me for employment.

I understand that intentionally providing false information on this form or attachments is a violation of state law.

I understand that I will be required to take a post offer physical examination which could include a drug screening. I agree the examining authority may disclose the findings of this examination and drug screen to Covenant Care, LLC. And that my initial employment is conditional upon meeting the requirements of this exam and drug-screen as established by the Agency.

I also release from any and all liability any person, school, agency, company or organization giving and/or receiving any information requested by Covenant Care, LLC. in connection with my applying for employment. This will include a comprehensive criminal background check that will contain information on your credit worthiness, character, personal interviews and public sources.

I understand that all applicants will be the subject of an "FBI Criminal History Record Check" and I have the right to challenge the contents of my Criminal History Record Information if I choose to do so.

I understand that this employment application in no way implies an employment contract and if employed, my employment may be terminated by Covenant Care, LLC. at anytime with or without cause.

The state of Georgia is an employment at-will state.

I have read and understand all the above.

Signature of Applicant

Date