

Expanding choices.



# Partners in Community Supports

Application for Employment

Partners in Community Supports (PICS) is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience, and qualifications without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or any other legally protected class.

## Personal Information

Name \_\_\_\_\_  
(First name) (Middle) (Last name)

Address \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you at least 18 years of age? Y  N

Have you ever been convicted of a gross misdemeanor and/or felony? Y  N  If yes, please explain: \_\_\_\_\_

Are you authorized to work in the United States? (Verification will be required at time of hire) Y  N

## Information & Expectations About the Position

Check type of employment desired:  Full-time  Part-time  Temporary

Desired salary or hourly rate: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you currently employed? Y  N

### Education and Training

School Level	Name and Location (city/state)	Did You Graduate?	Degree Received	Major Subjects Studied
High School		Y <input type="checkbox"/> N <input type="checkbox"/>		
College		Y <input type="checkbox"/> N <input type="checkbox"/>		
Post Graduate		Y <input type="checkbox"/> N <input type="checkbox"/>		
Other (specify)		Y <input type="checkbox"/> N <input type="checkbox"/>		

### Employment History

Company Name:		City & State:	
Title:			
Type of business:			
Dates of employment	to	Reason for leaving:	
Brief description of responsibilities:			
Ending salary or hourly rate:		Supervisor name:	
May we contact your supervisor?		Supervisor telephone number:	

Company Name:		City & State:	
Title:			
Type of business:			
Dates of employment	to	Reason for leaving:	
Brief description of responsibilities:			
Ending salary or hourly rate:		Supervisor name:	
May we contact your supervisor?		Supervisor telephone number:	

Company Name:		City & State:	
Title:			
Type of business:			
Dates of employment	to	Reason for leaving:	
Brief description of responsibilities:			
Ending salary or hourly rate:		Supervisor name:	
May we contact your supervisor?		Supervisor telephone number:	

Additional training or work experience (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Military Experience:**

Did you serve in the U.S. Armed Forces? Y  N

If "Yes," in what Branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

**Professional References:**

Please provide employment-related references only. If you do not have any employment-related references, please list individuals who can provide a professional reference.

1. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Years known and in what capacity: \_\_\_\_\_  
 \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Years known and in what capacity: \_\_\_\_\_  
 \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Years known and in what capacity: \_\_\_\_\_

\_\_\_\_\_

I authorize Partners in Community Supports permission to check the references listed above: \_\_\_\_\_ (initial)

**Signature**

**Please read carefully:**

- 1) I certify that all the information I have supplied on this application and any other form, oral or written, is true and accurate. I realize that any misstated, misleading, incomplete, or false information may result in rejection of this application, refusal to hire, withdrawal of an offer or immediate discharge, whenever and however discovered.
- 2) I acknowledge that I have been advised that PICS is an Equal Opportunity Employer and that PICS administers its employment policies in a non-discriminatory manner.
- 3) Should PICS extend a job offer, employment will be contingent on passing a background check.
- 4) I understand that this application is not a contract for employment and that PICS is an at-will employer. This means that I may resign at any time for any reason and that PICS may terminate my employment at any time for any legal reason.
- 5) I hereby release from liability any person who provides information about me to PICS in connection with this application.

***My signature is evidence that I have read and understand the above statement:***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_