

# Application for Employment

**INDEPENDENCE PLUS, INC. is an equal opportunity employer. In accordance with Federal State & Local laws, we recruit, hire and evaluate all personnel without regard to sex, age, race, religion, color, marital status, national origin, veteran status, handicap or contagious disease, such as HIV, MRSA or Hepatitis B; except where such characteristic is a bona fide occupational qualification. Job applicants and employees are evaluated solely on ability, experience, and the requirements of the job.**

## PERSONAL INFORMATION

<b>NAME</b> (List all names ever used)	LAST			FIRST			MIDDLE			TODAY'S DATE													
<b>PRESENT ADDRESS</b>	STREET			CITY			STATE			ZIP CODE													
	STREET			CITY			STATE			ZIP CODE													
<b>PERMANENT ADDRESS</b>	STREET			CITY			STATE			ZIP CODE													
	STREET			CITY			STATE			ZIP CODE													
<b>PHONE NUMBER</b>	HOME			CELL			FAX			OTHER CONTACT INFORMATION (SPECIFY) _____													
	HOME			CELL			FAX			OTHER CONTACT INFORMATION (SPECIFY) _____													
<b>EMAIL</b>																							
<b>IN CASE OF EMERGENCY, NOTIFY</b>	NAME																						
	ADDRESS			STREET			CITY			STATE			ZIP CODE										
	RELATIONSHIP						PHONE NUMBER																
<b>NEXT OF KIN</b>	NAME																						
	ADDRESS			STREET			CITY			STATE			ZIP CODE										
	RELATIONSHIP						PHONE NUMBER																
<b>ARE YOU A U.S. CITIZEN?</b>			YES <input type="checkbox"/>			NO <input type="checkbox"/>			<b>ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?</b>			YES <input type="checkbox"/>			NO <input type="checkbox"/>								
<b>DO YOU SPEAK, READ, AND WRITE ENGLISH FLUENTLY?</b>								YES <input type="checkbox"/>								NO <input type="checkbox"/>							
<b>WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?</b>																<b>FOREIGN LANGUAGES</b> READ <input type="checkbox"/> WRITE <input type="checkbox"/>							

# EMPLOYMENT DESIRED

<b>POSITION</b>		<b>DATE YOU CAN START</b>	/ /	<b>SALARY DESIRED</b>	\$
<b>ARE YOU EMPLOYED NOW?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>EVER APPLIED WITH INDEPENDENCE PLUS, INC. BEFORE?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>(MM/DD/YY) WHEN?</b> / /		
<b>ARE THERE ANY INFRACTIONS NOTED ON YOUR PROFESSIONAL LICENSE?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DESCRIBE:</b>		
<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>YEARS ATTENDED</b>	<b>GRADUATION DATE</b>	<b>SUBJECT STUDIED</b>	
HIGH SCHOOL					
TRADE, BUSINESS, NURSING OR CORRESPONDENCE SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
SUBJECTS OF SPECIAL STUDY OR RESEARCH					

**REFERENCES: PROVIDE THE NAMES OF THREE PERSONS WHO KNOW YOU IN A PROFESSIONAL CAPACITY. REFERENCES MUST HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND CANNOT BE RELATED TO YOU (E.G., SUPERVISORS, COWORKERS, AND SUBORDINATES).**

	<b>NAME &amp; ADDRESS</b>	<b>PHONE NUMBER</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED / RELATIONSHIP</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**FORMER EMPLOYERS** LIST YOUR LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.  
DO NOT OMIT ANY EMPLOYMENT.

DATE MONTH & YEAR	NAME, ADDRESS & DIRECT SUPERVISOR	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

I agree to comply with IPI's Policy on Drug & Alcohol Testing. If requested by IPI, I agree to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under IPI's Drug and Alcohol Testing policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have IPI and/or its representative send the collected specimen(s) to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to IPI and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Further, I will hold harmless IPI, IPI's representative, and any testing laboratory IPI might use for any alleged harm that might result to me from such testing and release of documentation, as long as the release or use of the information is within the scope of IPI's Drug & Alcohol Testing policy. I understand that IPI may require an alcohol and drug screen test if management suspects that circumstances warrant it (e.g., unusual behavior, involvement in an on-the-job accident or injury). I also consent to random alcohol and drug testing according to IPI's employment policies.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or omissions on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein. The references and employers listed above are authorized to provide any and all information concerning my previous employment and any pertinent information they may have (personal or otherwise) and I release all parties from liability for any damage that may result from furnishing same to IPI.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time in accordance with IPI's employee contract and policies.

A conditional offer of employment may be made without the employee submitting a physician's written statement of health but this will be required upon hire.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Hired: Yes ☐ No ☐ Position: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Approval by Administrator, Director of HR, or Clinical Director:

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature