



APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

Last Name **First** **Middle** **Date**

Street Address **Home Phone**

City, State, Zip Code **Cell Phone**

Email Address: _____

Emergency contact (person not living with you) _____

Emergency Contact phone number: _____

Have you ever applied for employment with this Agency? Yes No

How many hours a week are you available for work? _____

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

How did you learn of our organization? Newspaper Ad Agency employee

 Other: _____

Are you willing to work: Days? Evenings? Weekends?

Position applying for: Caregiver/Direct Support Person

 Office Staff Other (Specify)_____

Key Minds Inc. employees are required to be able to transport clients to activities and appointments.

Do you have a current Indiana Driver’s License? **Y/N**

Do you have current car insurance? **Y/N**

Do you have a reliable vehicle you can drive? **Y/N**

EDUCATION:

School Name	Location of School	Course of Study	Years Attended
College:			
_____	_____	_____	_____
_____	_____	_____	_____
Vo-Tech or Trade:			
_____	_____	_____	_____
_____	_____	_____	_____
High School:			
_____	_____	_____	_____
_____	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____

Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Current Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Current Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____
City _____ State _____ Zip Code _____ Current Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

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Was your last name different from your present name during the above listed jobs?
Yes _____ No _____

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Has your Driver's License been suspended or revoked? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____

Fax: _____

Address: _____

2. Name: _____ Telephone: _____

Fax: _____

Address: _____

3. Name: _____ Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes _____ No _____

If you answered No, which job requirement can you not meet? _____

What do you enjoy doing or are your hobbies? _____

What are a few things you enjoy getting as a small gift (be specific)? _____

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application **SHALL BE GROUNDS FOR DISMISSAL**.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

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 for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

SIGNATURE: _____

DATE: _____



KEY MINDS INC. BACKGROUND CHECK CONSENT FORM

I, _____, understand that a criminal check is being conducted with respect to my employment application:

1. If the criminal check shows that I have been convicted of any of the felonies listed below under Part I, I will not be offered employment.
2. If the criminal check shows that I have been convicted of any of the felonies listed below under Part II in the past ten years, I will not be offered employment
3. I understand also that searches of various website will be undertaken, to include Nurse' Registries, National Sex Offender Registry and the OIG's exclusion list. If I appear in any of these registries as being unsuitable for hire, I will not be offered employment

PART I
DISQUALIFYING OFFENSES

Rape as defined in IC 35-42-41
Criminal Deviate Conduct as defined in IC 35-42-4-2 (includes crimes of violence)
Exploitation of an endangered children/adult as defined in IC 35-46-1-12
Failure to report battery, neglect, or exploitation of an endangered children/adult as defined in IC 35-46-1-13.
A felony that is substantially equivalent to a felony listed above

PART II
DISQUALIFYING UNLESS TEN (10) YEARS HAVE PASSED FROM THE DATE
OF CONVICTION

Theft as defined in IC 35-43-4)
A felony that is substantially equivalent to a felony listed above

Email Address: _____

Other Name Used: _____

Soc: _____

First Name: _____

Middle Initial: _____

Last Name: _____

DOB: _____

Signature: _____

Date: _____