

COMMUNITY CARE MANAGEMENT CORPORATION

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____ **DATE:** _____

INSTRUCTIONS: Please read the job description thoroughly to determine if you possess the qualifications for the position for which you are applying. All statements in your application are subject to verification. Incorrect or incomplete statements may disqualify or remove you from employment.

PERSONAL INFORMATION

Name (Last, First, Middle)	Home Phone Number
Mailing address (Number & Street)	Cell Phone Number
(City, State, ZIP)	Email Address:

EMPLOYMENT DESIRED

Position:	Date Available:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Specific Hours:	Desired Wage:
Did you read the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you meet the minimum education and experience requirements of the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation to and from work, or as required to perform the essential functions of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applying for a Registered Nurse/Mental Health Practitioner position:	
Verification of license is required for employment. Do you possess a current, valid California license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently carry professional liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about Community Care and the Position for which you are applying? <input type="checkbox"/> Agency Website <input type="checkbox"/> CalJobs <input type="checkbox"/> Craig's List <input type="checkbox"/> Indeed <input type="checkbox"/> Monster <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____	

EDUCATION AND TRAINING

High School Graduate/Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Location of College	Course of Study
Please describe any additional coursework or training (including military) which would qualify you for this position:	
Please list certificates/ licenses of professional, or vocational competence you possess that relate to this position.	
Please describe any job-related skills and knowledge you may possess, including office equipment and software programs in which you are proficient.	
What languages, other than English, do you speak?	

REFERENCES

Please give us four current, professional or work-related references of people who know your work skills, preferably your direct supervisor(s). Please do not include personal friends or relatives.

Title	Agency	Phone Number	Relationship

Initial	Community Care prefers to talk to current/most recent employers. May we contact your current/most recent supervisor if not already listed above? If no, please explain:
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REQUEST FOR EMPLOYMENT ACCOMMODATION

You are NOT required to disclose information about physical or mental limitations that you believe will interfere with your capability to do the job. However, if you want Community Care to consider special arrangements or accommodate a physical or mental impairment, you may identify that impairment and suggest the kind of accommodation that you believe will be appropriate.

Can you perform the functions of this job, with or without reasonable accommodation? Yes No
If NO, please list at the bottom of this page, or on a separate sheet of paper how we can accommodate you.

ACKNOWLEDGEMENTS AND CERTIFICATION

Initial	All Community Care employees are required to pass State and Federal Live Scan background checks before the start of employment.
Initial	All employees of Community Care are required to have a valid California State driver's license, and carry their own auto insurance with a minimum of \$100,000/\$300,000 bodily injury liability coverage on vehicle(s) used for work.
Initial	If given a job with Community Care, applicants will be required to submit valid proof of identity and eligibility to work in the United States on the first day of employment.

PLEASE READ CAREFULLY. I hereby certify that my answers to the questions in this application are complete, accurate, and true to the best of my knowledge. I agree and understand that any misrepresentation or omission of material facts is cause for rejection of application, removal from the eligibility list, suspension, or dismissal. I hereby authorize the Community Care to conduct any investigation necessary concerning any part of my background.

Signature of Applicant:	Date:
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Community Care is an Equal Opportunity Employer