



# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

1448 Pine Street, Redding, CA 96001

Toll Free: 1.866.495.1641 530.232.5543

Fax: 1.866.254.3563

Date of Application	Month	Day	Year
---------------------	-------	-----	------

Various Federal, State and Local Laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability, or marital status. Compass ShiningCare is an equal opportunity employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sex orientation, physical or mental disabilities, or any other basis protected by State, Federal or Local law. Compass ShiningCare will verify social Security numbers. Employees will be subject to immediate termination if the social security administration is unable to confirm the validity of the social security number.

## PERSONAL INFORMATION

LAST NAME	FIRST	MI
ADDRESS	CITY	STATE ZIP
HOME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	
POSITION APPLYING FOR	DATE AVAILABLE	SALARY DESIRED
ARE YOU INTERESTED IN (CHECK ALL THAT APPLY) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE STATE YOUR DATE OF BIRTH	ARE YOU WILLING TO RELOCATE?	ARE YOU WILLING TO TRAVEL? WHAT PERCENT? %
HOW WERE YOU REFERRED TO Compass ShiningCare?		

## EDUCATION

	Name	Location (City, State, Zip)	Degree/Area of Study	Years Attended	Graduated	YES	NO
High School							
College							
Graduate School							
Other							

## SPECIAL SKILLS

1. SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS
2. HOW MUCH TIME DO YOU SPEND A WEEK HELPING OTHERS? IN WHAT WAY?

## U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

## LEGAL

IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

DO YOU HAVE A LEGAL RIGHT & NECESSARY DOCUMENTS TO WORK IN THE U.S.?  
 YES     NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION:  
 YES     NO (CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.)

IF YES, PLEASE EXPLAIN OFFENSE AND FINAL DISPOSITION

## PLEASE INDICATE IN THE SPACE BELOW TIMES THAT YOU WOULD BE AVAILABLE TO WORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM TO	FROM TO	FROM TO	FROM TO	FROM TO
SATURDAY	SUNDAY	NOTES:		
FROM TO	FROM TO			

## PLEASE INDICATE IN THE SPACE BELOW TIMES THAT YOU WOULD NOT BE AVAILABLE TO WORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM TO	FROM TO	FROM TO	FROM TO	FROM TO
SATURDAY	SUNDAY	NOTES:		
FROM TO	FROM TO			

**EMPLOYMENT HISTORY**

PLEASE LIST YOUR LAST THREE (3) EMPLOYERS, ASSIGNMENTS, VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF WORK AND MAJOR JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		STARTING PAY RATE		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
		FINAL PAY RATE		
REASON FOR LEAVING		\$	PER	CURRENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF WORK AND MAJOR JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		STARTING PAY RATE		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
		FINAL PAY RATE		
REASON FOR LEAVING		\$	PER	CURRENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF WORK AND MAJOR JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		STARTING PAY RATE		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
		FINAL PAY RATE		
REASON FOR LEAVING		\$	PER	CURRENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS (INCLUDING ANY GAPS IN EMPLOYMENT):

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR				
NAME	TELEPHONE NUMBER	ADDRESS	RELATION	YEARS KNOWN
1.	( )			
2.	( )			
3.	( )			

**DRUG AND/OR ALCOHOL PRE-EMPLOYMENT SCREENING PROCEDURES**

Compass ShiningCare has adopted pre-employment screening practices for all candidates for employment. These practices are designed to avoid the hiring of individuals whose use of drugs or alcohol indicates a potential for impaired or unsafe job performance. All candidates/participants who have received an offer of employment with Compass ShiningCare will be tested. Employment will be contingent upon passing drug and/or alcohol screen.

**AUTHORIZATION**

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 immediate termination. I authorize investigation of all statements contained herein and the references, schools, and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Compass ShiningCare for any damage that may result from utilization of such information. Furthermore, I understand that just as I am free to resign at any time, Compass ShiningCare reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Compass ShiningCare has the authority to make any assurances to the contrary.

PRINTED NAME:

\_\_\_\_\_  
(FIRST) (MI) (LAST)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_