



Employment Application

General Information			
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address		Zip Code	Alternate Phone #
If hired, can you provide proof of citizenship or legal right to work? Yes ___ No ___			
Have you ever interviewed with Palmer Continuum of Care or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list when and for what position you applied:			
Have you ever been employed by Palmer or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list time and position:			
Do you have any relative employed by Palmer or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list the relative and your relationship:			
Have you ever been convicted of any criminal offense other than minor traffic violations? _____ If so, please explain. Seriousness and nature of the offense, time elapsed and rehabilitation will be taken into account and will not necessarily prevent employment.			

POSITION

Type of position applying for _____

Source of Referral _____

Position Desired: Full-time _____ Part-time _____ Salary Requirements _____

EDUCATION

School	Address	Major Studies	Degree or Diploma
High School			
College/University			
Vocational, Business			
List any professional designations			
Other special knowledge, skill or qualifications:			

Computer skills (hardware/software)

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

BUSINESS REFERENCES

Name	Occupation
Address (Street, City, State, Zip Code)	Telephone
Name	Occupation
Address (Street, City, State, Zip Code)	Telephone

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	May we contact your current employer for references?
<input type="checkbox"/>	<input type="checkbox"/>	If hired, will you be able to work overtime?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
<input type="checkbox"/>	<input type="checkbox"/>	Do you understand that if you require accommodations that you must submit those in writing to the Human Resource Director?

CERTIFICATION AND AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Palmer Continuum of Care, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Palmer Continuum of Care to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Palmer Continuum of Care and will hold Palmer Continuum of Care and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Palmer Continuum of Care to conduct any and all personal background checks, including but not limited to, criminal history and related records.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Palmer Continuum of Care at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I agree to submit to a pre-employment drug screening.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status, age, veteran status, marital status or ex-offender status).
Reviewed 3/27/09