

**NOTE: ALL APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE.**  
**APPLICATION FOR EMPLOYMENT**  
**COMMUNITY OPTIONS, INC.**

<b>Internal Use Only</b> Copied to: _____ _____
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Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Other Names Used \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Position (s) Applied for \_\_\_\_\_ Do you have access to Internet?  Yes  No

How did you learn about us?

- Advertisement  Walk-in  Website (specify) \_\_\_\_\_  
 Employment Agency  Friend or Relative (please specify) \_\_\_\_\_  Other \_\_\_\_\_

Date available to work: \_\_\_\_/\_\_\_\_/\_\_\_\_  
full-time part-time shift work temporary

Have you ever been employed with us before? If yes, give dates  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Do you have any friends, relatives, or acquaintances working for Community Options, Inc.?  
If yes, state name & relationship:  Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  
 Yes  No

**Please read the job description** for which you are applying. Are you able to perform the essential functions of the job for which you are applying, either with/without accommodation?  Yes  No  No opportunity to read

If no, describe the functions that cannot be performed.

Note: Community Options, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Our insurance company dictates that staff under the age of 21 must have no more than one moving violation or one accident in the past three years. If you are under 21 years old, can you meet this requirement?

- Yes  No  Not applicable. I'm over 21 years old.

High School Graduate?       Yes                       No                       GED

List vocational schools, colleges and universities attended.

Name and Location	Area of Study	Degree Obtained

List professional, trade, business or civic activities and offices held. Do not include information that indicates race, religion, gender, national origin, disability or other protected status.


Beginning with your present or most recent job, please complete the following information for all of your previous jobs. Include any job related military service assignment and volunteer activities.

1. Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

2. Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

3. Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

PLEASE ASK FOR ADDITIONAL SHEETS IF YOU HAVE PREVIOUS RELEVANT EXPERIENCE.

List here any other information you would like us to know about you that would be relevant to the job you're applying for. Do not include information that indicates race, religion, gender, national origin, disability, or other protected status.

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REFERENCES: List three individuals who are not related to you, are not previous employers and who can attest to your character.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**APPLICANT'S STATEMENT**

- **I certify that the information provided on this application and on any resume or any other documents submitted in conjunction with this application are true to the best of my knowledge.**
- **I understand I must complete the attached Disclosure and Authorization form in order for Community Options, Inc. to investigate all statements contained in this application and all associated documents, including reference and criminal background checks. Community Options, Inc. also participates in e-verify upon hiring.**
- **This application and all associated documents shall be maintained on file 1 year. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute a specific document to that effect.**
- **In the event of employment, I understand that false or misleading information given in my application and all associated documents or interview(s) may result in immediate discharge.**

**Community Options, Inc. considers applicants for all positions without regard to Race, Color, Religion, Sex, Sexual Orientation, National Origin, Age, Marital or Veteran Status, presence of Non-Job Related Medical Conditions or Disabilities, or any other legally protected status.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

ADDITIONAL EMPLOYMENT EXPERIENCE:

Employer	Address	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

Employer:	Address:	
Duties:	Telephone #:	
Job Title:	Supervisor:	
Dates of Employment: From	To	Rate of Pay:
Reason for Leaving:		

## EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to Race, Color, Religion, Sex, National Origin, Age, Marital or Veteran Status, Medical Conditions or Disabilities, or any other legally protected status. If you need interpretation services, such as a sign language or some language other than English, you should request that the agency provide this service. If you believe you have been denied benefits, services or employment because of race, color, national origin or disability you may contact the Personnel Department at Community Options, Inc. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmation Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file.

### PLEASE NOTE

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Print Name:

Date:

Position Applied For:

Gender:       Male       Female

Race or Ethnicity Identity

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or more races
- Hispanic or Latino
- Prefer not to Identify

Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veterans
- Prefer not to identify

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Community Options, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

# AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Community Options, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications  
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Personal Data

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Address		_____ Dates Lived Here	Current
_____ Addresses for the Past Seven Years: (include street, city, state, zip code)		_____ Dates of Residence:	
_____ _____		_____ _____	
_____ _____		_____ _____	
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used	
_____ Security Number	_____ Driver's License #	_____ State	Social

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name                      Applicant Signature                      Date