

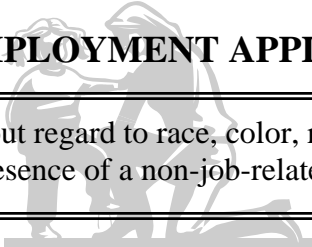
# DirectCare Community Base Services, LLC

“P.R.I.D.E, Promoting Responsibility In Decision Making for Everyone”

P.O. Box 261  
Crouse NC, 28033

Phone Number (828)286-4466  
Fax Number (828)245-2548

## EMPLOYMENT APPLICATION



Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

### PERSONAL INFORMATION:

Date \_\_\_\_\_ Start Date \_\_\_\_\_

Full Time  Part Time  Temporary Referral Source \_\_\_\_\_

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Can you provide proof, if hired, that you are eligible to work in the United States?  Yes  No

How did you learn about this opening? \_\_\_\_\_

Do you have any health conditions or physical limitations that would prevent you from performing physical interventions or any other tasks the position may require?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of or charged with a felony or misdemeanor:  Yes  No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

**Employer:** \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates of Employment (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Date of Employment (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

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**PERSONAL REFERENCES:** Please provide individual and company names, position, addresses and phone numbers for 3 personnel references.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SPECIAL SKILLS:** Describe any special skills or qualifications for this work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize DirectCare Community Base Services, LLC, to investigate any statement contained in this application, and to obtain a credit report on my (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of DirectCare Community Base Services, LLC

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*\*SUBMIT TO ADMIN@directcare.co**