

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



Today's Date _____

PLEASE COMPLETE PAGES 1-5.

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at current address _____ Date of Birth ____-____-19____

Home Phone _____ If under 18, please list age _____

Cell Phone _____

Position applied for (1) _____ Days/hours available to work (*be specific*)
 and salary desired (2) _____

No Pref _____
Thur _____

Mon _____
Fri _____

Tue _____
Sat _____

Wed _____
Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

When available for work? _____

EDUCATION	NAME AND LOCATION <i>(complete name and mailing address)</i>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School			
College/Technical School			
College/Technical School			
Professional School			

Did you graduate from High School? Yes No

Date of verification _____ Initials of IBA Representative _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please explain. _____

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APPLICATION FOR EMPLOYMENT

If hired, can you provide proof of U.S. Citizenship or proof of your legal right to work in the U.S. Yes No

Have you lived in the State of Ohio at least five years? Yes No

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

**TRAINING AND
CERTIFICATIONS**

Type of License/Certification

State Tested Nurse Aide Home Health Aide LPN/LVN RN Other (specify): _____

License/Certification # _____ State: _____ Expiration Date: _____

First Aid Yes exp. date _____

Medication Administration Record (MAR) Yes exp. date _____

CPR Yes exp. date _____

Insulin Injection Yes exp. date _____

Major Unusual Incidents (MUI) Yes exp. date _____

Other training/certification _____

Special skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Provide additional information that you think would be helpful to us in evaluating your application.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I hereby authorize Increased Behavior Alternatives Support Services, LLC (IBA) to fully investigate my education, employment experiences, verify licensure/certification, and all other aspects of my background relevant to my proposed employment. All employment is contingent upon successful completion of all background checks. I release IBA and its employees from all liability arising from such investigation.

I agree to submit to drug and alcohol testing, if requested by IBA. I release IBA and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Increased Behavior Alternatives Support Services, LLC. (IBA) creates an actual or implied contract of employment. I understand that, if I accept employment with IBA, it will be on an at-will basis. This means that either IBA or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

Signature of applicant: _____

Date: _____

Increased Behavior Alternatives Support Services, LLC. (IBA) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with IBA depends solely on your qualifications.

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed by: _____

Date: _____

Comments:

Hire date: _____

Position: _____

Salary: _____

Approved: _____

Disapproved: _____

If disapproved, explain reason:

Hiring Manager

Date