

EMPLOYMENT APPLICATION**CLEAR CHOICE ASSISTED LIVING, LLC**

6370 York Road

Parma Heights, Ohio 44130

Tel: (440) 996 5433**www.ccalohio.com****Fax: 866 556 4437**

It is the policy of Clear Choice Assisted Living, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

Applicant Name: _____ Today's Date: _____

Current Address: _____ City, State, & ZIP: _____

Have you lived in the State of Ohio continuously for the past 5 years? _____. If no, provide addresses for the last 5 years.

<u>Address</u>	<u>From (mm/yy)</u>	<u>To (mm/yy)</u>
_____	_____	_____
_____	_____	_____

Telephone No: _____ Date of Birth: _____ SSN#: _____

Driver's License # & Issuing State: _____ Expiration Date: _____

Position Applied For: _____ Salary Desired: \$ _____ per _____

How did you hear about us? _____ Who referred you (if Any): _____

List the days and hours you are available to work: (Please list actual times.)

Morning	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							
Evening	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

When can you start work? _____ Email Address: _____

Have you ever been charged or convicted of any crime, including misdemeanors? _____ If yes, please describe: _____

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT OR POSITION YOU ARE APPLYING FOR.

Employment with CCAL may require that you have a dependable motor vehicle to transport our clients when necessary. Do you have a reliable mode of transportation? _____ Yes _____ No

APPLICANT'S EDUCATION AND TRAININGHigh School/GED Name and Address:
_____Did you receive a diploma/Certificate? _____ Yes _____ No
_____**APPLICANT EMPLOYMENT HISTORY**

List your current or most recent employment first.

Employer Name: _____ Phone: _____

Supervisor Name: _____ May we Contact? _____

Address: _____ City/State/ZIP: _____

Position(s) Held: _____ Job Duties: _____

Reason for Leaving: _____ Ending Salary: _____

Dates of Employment (Month/Year): From: _____ To: _____

Employer Name: _____ Phone: _____

Supervisor Name: _____ May we Contact? _____

Address: _____ City/State/ZIP: _____

Position(s) Held: _____ Job Duties: _____

Reason for Leaving: _____ Ending Salary: _____

Dates of Employment (Month/Year): From: _____ To: _____

APPLICANT'S SKILLS

Please put a check mark next to the skills you possess or training you've had within the last 12 months:

____ Medication Administration

____ Glucose & Insulin Injections

____ Taking Temps & Checking Pulse

____ First Aid

____ CPR

____ Toileting

____ Assistive Devices

____ Transfer Techniques

Please provide any other information that you believe should be considered. Include any additional training/experience you have in the field of Development Disabilities.

CERTIFICATION

I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information can be a basis for rejection of my application, or if employment commences, immediate termination.

I authorize Clear Choice Assisted Living, LLC to contact former employers, references and educational organizations regarding my employment and education. I authorize my former employers, references, and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same rights. Moreover, no agent, representative, or employee of Clear Choice Assisted Living, LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE