



Child-Adult Resource Services, Inc.

Corporate Offices Parke Center
P.O. Box 170
201 North Dormeyer
Rockville, IN 47872
Toll Free: 1-888-547-2076
Phone: 1-765-569-2076
Fax: 1-765-569-4091

APPLICATION FOR AT-WILL EMPLOYMENT

An Equal Opportunity Employer

General Information:

Date of Application: _____ Position(s) applied for _____

Referral Source: ___ Ad ___ Friend ___ Relative ___ Employment Agency ___ Other

Full Name of Applicant: _____

Permanent Address (include street, city, state, zip):

Telephone: _____ Mobile Telephone: _____ Email: _____

Do you have a driver's license? Yes _____ NO _____ State of Issue: _____

Do you meet the minimum age requirement for this position? Yes _____ No _____

Have you previously applied for a position/or been employed with CARS? Yes _____ No _____

Type of employment desired ___ Full Time ___ Part Time ___ Temporary ___ Shift Work

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

On what date would you be available for work? _____

Education: List all schools and training you have completed which you believe help qualify you for the work you desire.

<u>High School or College</u>	<u>Total Years</u>	<u>Diploma, GED, Degree or Major</u>
_____	_____	_____
_____	_____	_____

Personal/Professional References: List individuals who can speak with authority on your preparation and experience which you believe will help you qualify for the position you desire. (References **MUST NOT** be relatives)

<u>Name</u>	<u>Telephone</u>	<u>Best Time to Contact</u>
1. _____	(____) _____	_____ a.m. to _____ p.m.
2. _____	(____) _____	_____ a.m. to _____ p.m.
3. _____	(____) _____	_____ a.m. to _____ p.m.

Please explain how your training, experience, and any special qualifications enable you to fulfill the requirements of this job.

Employment History: Beginning with your most recent position. List all employment (to include military service) since leaving school. All blanks must be complete to be considered for employment.

From _____	To _____	Company/Institution Name	City/State/Zip
May we contact? Yes _____ No _____			
Job Title: _____		Phone #(____) _____	
Supervisor: _____			
Describe Duties: _____			
Reason for Leaving: _____			
From _____	To _____	Company/Institution Name	City/State/Zip
May we contact? Yes _____ No _____			
Job Title: _____		Phone #(____) _____	
Supervisor: _____			
Describe Duties: _____			
Reason for Leaving: _____			
From _____	To _____	Company/Institution Name	City/State/Zip
May we contact? Yes _____ No _____			
Job Title: _____		Phone #(____) _____	
Supervisor: _____			
Describe Duties: _____			
Reason for Leaving: _____			

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application, resume and any attachments. I release from all liability any persons or employers supplying such information. I also release C.A.R.S. from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or on any required document) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.** I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by C.A.R.S. Executive Director.
4. I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986. (I-9)
5. I have read and understand the information provided in this application and the above statements. By signing this application for employment, I certify that all the information provided by me, including any resumes, and or attachments, is truthful and accurate.

Signature

Date

Printed Name

Previous Last Name (if applicable)

*****C.A.R.S. IS AN AT-WILL, EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER and FOLLOWS A ZERO TOLERANCE POLICY FOR THE USE OF ILLEGAL DRUGS*****



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NOTIFICATION/RELEASE OF INFORMATION FORM

Please Type or Print

Last Name: _____ First _____ Middle _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of Issue: _____

Counties Lived in for the Last 3 Years: _____

Present Address: _____

City: _____ State/Zip: _____

In connection with this request I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history to the person or company with which this form has been filed, or their agent. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand by signing this document I am giving my permission for C.A.R.S. to retrieve this information annually.

EMPLOYEES SIGNATURE: _____

DATE: _____

Equal Employment Opportunity Information

The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Part 1 – Race

Check One:

- White
- Black
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other (specify)_____

Part 2 – Sex (Gender)

Check One:

- Male
- Female

Part 3 – Age

Are you over 40?

- Yes
- No

Part 4 – Disability

The government defines an individual with a disability as any person who:

1. has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working);
2. has a record of such impairment; or
3. is regarded as having such an impairment

In accordance with this definition, do you regard yourself as an individual with a disability?

- Yes
- No