

Application for Employment

Around The Clock Support Services, LLC is a for-profit Equal Opportunity Employer in Marion County that is providing long-term quality care for residents with developmental disabilities and respite to their families, enabling them to enhance their quality of life. Employment offers are made based on qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):			Please provide a copy of your Driver's License and Social Security Card
Street Address:		City, State & Zip:		
Social Security Number:		Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?	
Are you related to any current Around The Clock Support Services, LLC employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:	
Have you ever had any founded reports of child abuse or substantiated adult abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of Conviction and Convicted of what (attach additional sheets if necessary):	

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School/GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Around The Clock Support Services, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PERSONAL REFERENCES: Please list personal references. These are people who can attest to your character and your ability to perform this job. It is preferred that you use people you know in a professional manner, but these should be different from contacts listed in your employment history. **Please put work references on the WORK HISTORY page of the application—not here.**

Here are some examples of people you can put down:

- Landlord
- People you know from being involved in (preferably the leader): churches, neighborhood associations, charities and community volunteer organizations
- Schools

- Friends and relatives (although it is helpful to have references who are not friends or family)

Person/Phone Number	Title/Organization	Years Acquainted	Describe in What Capacity You Know This Person
1.			
2.			
3.			
4.			

EMPLOYEE AVAILABILITY CHART

Hourly Work

In the boxes below, write in the hours you are available. You may not have to work every week on the days you list. For example, stating that you are available on Fridays from 2:00 p.m. to 6:00 p.m. may mean you can only work one or two Fridays a month during that time, which is fine. List the earliest start time you can begin a shift and the latest time you can end a shift. Cross out days that you cannot work.

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	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Earliest start time							
Latest end time							

AROUND THE CLOCK SUPPORT SERVICES, LLC LETTER OF AGREEMENT REGARDING EMPLOYMENT

This is an agreement between the signatory and Around The Clock Support Services, LLC. I understand and acknowledge:

I authorize Around The Clock Support Services, LLC to investigate my statements in my application	The Facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies or bureaus of your choice.
I waive all claims and rights from damages and liability regarding investigations	I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives, and release them, and their agents, employees, and representatives, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company as a result of any information, which it obtains in this investigation.

I understand my employment is at will	I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.
I authorize character and employment checks	In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.
Training is not an offer of employment	That neither an invitation to nor attendance at an orientation or training constitutes an offer of employment by Around The Clock Support Services, LLC and that no one is authorized to make any contrary promises.
Around The Clock Support Services, LLC retains the right to remove me from a program/home for any reason	That if I am assigned to a program/home, Around The Clock Support Services, LLC has the right to remove me from that program/home at any time, with or without cause, and that such removal does not, by itself, constitute termination and that if I am removed from a case, Around The Clock Support Services, LLC is under no duty to reassign me to another case.
Around The Clock Support Services, LLC can terminate my employment at any time	That if I am hired, there is no agreement between Around The Clock Support Services, LLC and me for any definite period of employment and that Around The Clock Support Services, LLC and I each have the right to terminate my employment at anytime, with or without cause.
Agree to take Trainings	I agree to take up to 20 hours of care training offered by Around The Clock Support Services, LLC in order to work within this agency. I understand that I may have to take these sessions after I begin work at Around The Clock Support Services, LLC. If I do not have a valid CPR/First Aid card, I agree to take the training until I pass. The first CPR/First Aid training is free. I understand that if I fail the training, or fail to attend and still wish to be employed by Around The Clock Support Services, LLC, I will pay \$50 to attend the next class until I pass.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize {Around The Clock Support Services, LLC} to investigate, without liability, all statements contained in this application and supporting materials.

I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of {Around The Clock Support Services, LLC} serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the {Around The Clock Support Services, LLC} Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first three months of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____