

# Employment Application

# Ramah Care Services, Inc.

Ramah Care Services, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

## PERSONAL

Social Security Number:		DOB:		State of Birth:	
Name (First, Middle, Last):					
Mailing Address:		City:		State:	Zip:
Physical Address:		City:		State:	Zip:
Home Phone: ( )		Cell: ( )		Other: ( )	
Do you have a valid Driver's License?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	State: DL #:	
Are you 18 years of age or older?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you legally eligible for employment in the US? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## POSITION / AVAILABILITY

Position:		Salary Desired:			
Program:		<input type="checkbox"/> Any Available	<input type="checkbox"/> Ramah Care Services (DD Waiver)	<input type="checkbox"/> Sunny Day (Assisted Living)	
Preferred Status:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
Preferred Shift:		<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	<input type="checkbox"/> Any Available
Are you willing to work flexible hours?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Days/Hours Available:		How soon would you be available?			
Currently Employed?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, may we contact your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Prior RCS Employee?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, list date(s):	
How did you hear about us?		<input type="checkbox"/> Employee	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Web <input type="checkbox"/> Other (specify):

## EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subject(s) Studied / Degree(s) Received
High School / GED		1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
College		1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trade/Tech School		1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other		1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## ADDITIONAL INFORMATION

Job Related Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities, Other Than Religious (Civic, Athletic, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

(Last four employers; list most recent first)

Employment Dates (Month & Year)	Name / Address / Phone Number	Salary (upon leaving)	Position	Reason For Leaving
From: To:	( )			
From: To:	( )			
From: To:	( )			
From: To:	( )			

## REFERENCES

(Three persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Position	Years Acquainted
		( )		
		( )		
		( )		

## AUTHORIZATION

**If you are hired by Ramah Care Services, Inc., you will be required to attest your identity and employment eligibility by providing required documents to confirm both. You cannot be hired if you do not comply with these requirements.**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Ramah Care Services, Inc.

I understand that any employment is contingent on a background check. I authorize Ramah Care Services, Inc. to thoroughly investigate all statements contained in my application or resume. I authorize my former employers and references to disclose information regarding my previous employment, character, and general reputation to Ramah Care Services, Inc. without giving me prior notice of such disclosure. In addition, I release Ramah Care Services, Inc., any former employers and all references listed above from any and all claims, demands, or liabilities arising out of such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Ramah Care Services, Inc. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Ramah Care Services, Inc. unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Ramah Care Services, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Ramah Care Services, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Ramah Care Services, Inc. Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate Ramah Care Services, Inc. to hire. I agree to abide by all Ramah Care Services, Inc. rules, policies and procedures. Ramah Care Services, Inc. retains the right to revise its policies or procedures, in whole or part, at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date