

# Ramah Care Services, Inc. Application for Employment

We are 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 INFORMATION

Social Security Number:		Date:	
Full Name (Last, First Middle) :			
Present Address:	City:	State:	Zip:
Permanent Address:	City:	State:	Zip:
Phone Numbers: Day: ( )	Evening: ( )	Cell: ( )	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EMPLOYMENT DESIRED

Position:	Salary Desired:
Shift Preferred: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> Days	Are you willing to work <i>flexible</i> hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Indicate Days/Hours of Availability:	
How Soon Would You be Available?	
Are You Now Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Been Previously Been Employed by RCS? <input type="checkbox"/> No <input type="checkbox"/> Yes—Dates:	
How Did You Hear About Us?	

## EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degrees Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Tech School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

Job Related Skills:
Activities Other Than Religious (Civic, Athletic, etc.):

## FORMER EMPLOYERS

List below your last four employers, starting with last one first.

Date Month & Year	Name, Address, & Phone Number of Employer	Salary (upon leaving)	Position	Reason For Leaving
<b>From</b>	(     )			
<b>To</b>				
<b>From</b>	(     )			
<b>To</b>				
<b>From</b>	(     )			
<b>To</b>				
<b>From</b>	(     )			
<b>To</b>				

## REFERENCES

List below three persons not related to you, whom you have known at least one year.

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

## AUTHORIZATION

**If you are to be hired by Ramah Care Services, Inc., you will be required to attest your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot 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 discovery by Ramah Care Services, Inc.

I understand that any employment is conditioned on a background check. I authorize Ramah Care Services, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former 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 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