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| Keystone community living, inc.  Employment Application  Version date: September 18, 2019 | C:\Users\music1\Dropbox\Website\home_files\KeystoneLivingLogo.png |

Keystone Community Living, Inc. is an equal opportunity employer and applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, citizenship status, marital or veteran status, or the presence of a non-related medical condition or disability.

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | First Name | | | | |  | | | | | | | | | M.I. | | | | Date | |  | | | |
| Street Address | | | | |  | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | | | |
| City |  | | | | | | | | | | | | State | | |  | | | | | | | | | | ZIP | |  | | | | | | | |
| Phone |  | | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | | | | |
| Date Available | | | | |  | | | | | | Position Applied for: | | | | |  | | | | | | | | Desired Status | | | | | Full-time | | | | | Part-time | |
| Are you at least 18 years of age? | | | | | | | | | | | YES | NO | | | | Have you previously worked for or submitted an application to Keystone? | | | | | | | | | | | | | | | YES | | | | NO |
| Do you maintain a valid Driver’s License? | | | | | | | | | | | YES | NO | | | | If hired, can you present evidence of US Citizenship or your legal right to live and work in the US? | | | | | | | | | | | | | | | YES | | | | NO |
| Do you have experience working with persons with disabilities? | | | | | | | | | | | YES | NO | | | | If yes, when: | | | | | | | | | | | | | | | | | | | |
| Have you ever been civilly or criminally liable for the abuse of a person with developmental disabilities? | | | | | | | | | | | YES | NO | | | | If so, explain: | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? (A conviction may not necessarily disqualify you from employment) | | | | | | | | | | | YES | NO | | | | If so, explain: | | | | | | | | | | | | | | | | | | | |
| Were you referred by an employee? | | | | | | | | | | | YES | NO | | | | If so, by whom? | | | | | | | | | | | | | | | | | | | |
| AVailability Please list the hours in which you would be available to work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sunday | | | | | | Monday | | | | Tuesday | | | | Wednesday | | | | | | | Thursday | | | | | | Friday | | | | | | Saturday | | |
| Education Please attach a copy of the highest earned diploma, transcript and/or equivalence evaluation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | |  | | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | |
| From | | |  | | | | To |  | Did you graduate? | | | | | | YES | | | NO | | | | Degree | | |  | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | |
| From | | |  | | | | To |  | Did you graduate? | | | | | | YES | | | NO | | | | Degree | | |  | | | | | | | | | | |
| Other Relevant Skills or Certifications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References Please list three personal references, excluding any family members. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | Relationship | | | | |  | | | | | | | | | | |
| Business | | | |  | | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | Relationship | | | | |  | | | | | | | | | | |
| Business | | | |  | | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | Relationship | | | | |  | | | | | | | | | | |
| Business | | | |  | | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment Please list up to three previous places you were employed with contact information. | | | | | | | | | | |
| Company | | |  | | | | | Phone |  | |
| Address | |  | | | | | | Supervisor | |  |
| Job Title | |  | | | | | | | | |
| Responsibilities: | | | |  | | | | | | |
| From |  | | | To |  | Reason for Leaving |  | | | |
| May we contact your previous employer for a reference? | | | | | | | YES | NO |  | |
| Company | | |  | | | | | Phone |  | |
| Address | |  | | | | | | Supervisor | |  |
| Job Title | |  | | | | | | | | |
| Responsibilities: | | | |  | | | | | | |
| From |  | | | To |  | Reason for Leaving |  | | | |
| May we contact your previous employer for a reference? | | | | | | | YES | NO |  | |
| Company | |  | | | | | | Phone |  | |
| Address | |  | | | | | | Supervisor | |  |
| Job Title | |  | | | | | | | | |
| Responsibilities: | | | |  | | | | | | |
| From |  | | | To |  | Reason for Leaving |  | | | |
| May we contact your previous employer for a reference? | | | | | | | YES | NO |  | |
| APPLICANT’S STATEMENT | | | | | | | | | | |

By signing my name below:

* I certify that my answers given herein are true and complete to the best of my knowledge.
* I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize that Keystone Community Living, Inc. may investigate my previous employment history.
* I understand that any employment relationship with this employer is “at will”, meaning that the employee may resign at any time and the employer may discharge at any time, with or without cause. I further understand that this “at will” employment may not be changed by any written document or otherwise, unless the President specifically acknowledges the change in writing.
* I understand that the initial offer of employment made is contingent upon my compliance and participation in State and Federal Background checks, Child Abuse clearance, Medical Examination, Tuberculosis screening, Drug Screening, and Motor Vehicle Record Check.
* Once an offer of employment has been made, I agree to be fingerprinted and drug tested at a location selected by Keystone Community Living, Inc. or its affiliates.
* In addition to pre-employment drug screening, I understand that Keystone Community Living, Inc. also requires random and for-cause drug testing.
* I understand that determining suitability is at the total discretion of Keystone Community Living, Inc.
* In consideration of my application for employment with Keystone Community Living, Inc. I hereby release Keystone Community Living, Inc. and its affiliates, its administration, and/or employees from any claim or action or potential claim or action arising out of any testing, including those relating to the right to privacy or the rejection of my application.
* I understand that I am required to abide by all rules, regulations and policies of Keystone Community Living, Inc.
* I understand that I will be expected to complete all the aforementioned requirements, complete the required training and attend a three-day orientation before working in any of Keystone’s programs.
* I understand that any false or misleading information given during the process of application or interview, including a failure to disclose requested information, may result in discharge.

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Applicant’s Signature Date