



Application for Employment (Pre-Employment Questionnaire)

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		APT #	CITY	STATE	ZIP CODE
PERMANENT ADDRESS		APT #	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER?	PHONE	CELL PHONE			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

DESIRED EMPLOYMENT

DESIRED POSITION	DATE YOU CAN START	DESIRED SALARY RANGE
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU WORKED FOR CAMELOT BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO CAMELOT?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE		
<input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE STUDY/COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, LICENSES, CERTIFICATIONS
SPECIAL SKILLS

FORMER EMPLOYERS (STARTING WITH MOST RECENT ONE FIRST)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	DISCHARGE RANK
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HAS YOUR DRIVER'S LICENSE BEEN REVOKED OR SUSPENDED WITHIN THE PAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN
HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE, MANSLAUGHTER OR RECKLESS HOMICIDE IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN
HAVE YOU CAUSED AN ACCIDENT THAT RESULTED IN THE DEATH OF ANY PERSON WITHIN THE PAST 5 YEARS? I <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

REFERENCES (Please provide 3 *professional* references that you have known at least one year, and have worked for in a professional job; or, an academic advisor or professor if you have worked in your profession)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	PHONE
1				
2				
3				

Camelot Care Centers, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, or engage in any other unlawful discrimination.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give Camelot Care Centers, Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from use of such information.

I hereby acknowledge and understand that as a condition of my employment:

- *I am waiving my right to have a trial by jury to resolve any lawsuit related to my application or employment with the Company;
- *I am waiving my right to participate as a member of a Class or Collective action lawsuit and/or serve as a class representative of similarly of similarly situated employees in any lawsuit against the Company.

I also understand and agree that no representative of our company has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. Employment at Camelot Care Centers, Inc. is at all times strictly at-will, and employment can be terminated at any time by either party."

DATE

SIGNATURE