

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

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 YOU 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 ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ DEPT. HEAD 3. _____ GENERAL MANAGER

EMPLOYMENT QUESTIONNAIRE

1. Workers are required to have a vehicle while on shift. Do you have reliable transportation while on shift?
_____ Yes _____ No
2. In what areas would you prefer to work? Circle all that apply.
 - a. Lafayette
 - b. New Iberia
 - c. Eunice
 - d. Carencro
3. What shifts are you available to work? Circle all that apply.
 - a. Morning to afternoon
 - b. Afternoon to evening
 - c. Overnight
 - d. Weekends

Note: *Shifts are subject to availability. Shifts chosen are expected to be **worked as scheduled.***
4. Many clients receive services 24/7, including holidays. Can you work holidays?
_____ Yes _____ No
Note: *Workers are **required** to work scheduled holiday shifts.*
5. Do you have any previous experience working with behavior clients?
_____ Yes _____ No
6. If a client is displaying undesirable behavior (yelling and screaming, name calling, making up stories, etc.) what would you do?
 - a. React the same way towards client
 - b. Walk out
 - c. Maintain eye contact with client and try to redirect client's behavior
 - d. Call office to request a different client
7. Could you administer a suppository to a client if trained on the procedure?
_____ Yes _____ No
8. Are you willing and able to work with a quadriplegic (lifting **is** required)?
_____ Yes _____ No
9. Do you have any lifting restrictions?
_____ Yes _____ No

10. Are you pregnant or do you think you might be pregnant?
_____ Yes _____ No

Note: *If so, you **cannot** work on shifts requiring heavy lifting for your safety. A medical release from your health care provider is mandatory in order to be assigned to a shift; it should state your ability to work and any health restrictions you may have.*

I, _____, to the best of my knowledge, have completed this employment application and questionnaire accurately and truthfully. I understand that if I submit false and/or misleading information to ACBS, Inc., verbally or in writing, ACBS, Inc., is not responsible, nor will be held liable, directly or indirectly, for any situations arising from such information. Submitting such information is also grounds for immediate dismissal or for employment being denied. *I understand that it is **my responsibility** to discover whether or not I am pregnant before I am assigned to work with a client.*

SIGNATURE OF APPLICANT

DATE

_____ DO NOT WRITE BELOW THIS LINE _____

I, _____, certify that I have verbally reviewed this employment application and questionnaire with applicant and applicant indicated by signing these documents, and by verbal agreement, understanding of ACBS, Inc., hiring procedures.

SIGNATURE OF INTERVIEWER

DATE