

# Community Care Inc.

APPLICATION FOR:  EMPLOYMENT  INTERNSHIP  VOLUNTEERISM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Education degree(s) / certificate(s): \_\_\_\_\_

Please attach resume if not already submitted.

For Medical Applicants: Have you ever had your Medical License suspended or revoked? Yes  No

Are you a U.S. citizen? Yes  No  If no, what document(s) that establish identity and employment eligibility do you possess? \_\_\_\_\_

Do you possess a valid driver's license? Yes  No  Do you have a medical condition that could impair your ability to drive agency vehicles or perform your job function? Yes  No  If so, what? \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  (does not necessarily preclude hiring)

Have you ever had a Workers Compensation Insurance claim for a work related injury Yes \_\_\_ No \_\_\_

If Yes please explain \_\_\_\_\_.

**NOTE: Misrepresentation of any of the above could result in immediate termination from employment.**

Describe your duties in current or most recent related position: \_\_\_\_\_

\_\_\_\_\_

List one short-term educational or professional goal: \_\_\_\_\_

\_\_\_\_\_

What do you perceive to be your primary strengths? \_\_\_\_\_

\_\_\_\_\_

What do you perceive to be your primary areas for improvement or professional growth? \_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewer(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

REFERENCE RELEASE FORM

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S. #: \_\_\_\_\_

I hereby grant the staff of Community Care Behavioral Health permission to contact the below listed individuals to obtain information about my qualifications as an applicant. I also grant Community Care Behavioral Health permission to obtain a DMV abstract of my driving record, drug/alcohol screening and/ or a State sexual/criminal offender search, as applicable and at any time. I understand that completing the application process does not obligate Community Care Behavioral Health to employ me or accept me as an intern or volunteer. I also understand that my employment at Community Care is voluntary and terminable at any time at the will of Community Care or myself with or without cause and advance notice.

\_\_\_\_\_  
(Signature of Applicant)

Employment applicants, please provide three (3) professional references, two (2) of whom should be immediate supervisors, past or present. Intern and Volunteer applicants, please provide at least one (1) reference who can attest to your skill and maturity level, either from an employment, volunteer or educational vantage point.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Tele. #: \_\_\_\_\_

-----Intern and Volunteer applicants need only provide one (1) reference-----

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Tele. #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Tele. #: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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REFERENCE FEEDBACK (Correlate to above numerically; continue on reverse if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

