



Hire Date: _____



Hire Date: _____



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Employment Application

Independent Capacity System, Inc. (ICS, Inc.) is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Independent Capacity System, Inc. (ICS, Inc.) to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

POSITION

Date _____ Position Applying For _____

Referred by: _____

Years of Related Experience _____ Date Available _____

POSITION SPECIFICATIONS

What day/ hours combination works for you?

PLEASE CHECK ONE	Sunday	Monday	Tuesday	Wednesday	PLEASE CHECK ONE	Thursday	Friday	Saturday
<input type="radio"/>		7:00am – 2:00pm	7:00am – 2:00pm	7:00am – 2:00pm		7:00am – 2:00pm	7:00am – 2:00pm	
<input type="radio"/>		7:45 am- 3:00pm	7:45 am- 3:00pm	7:45 am- 3:00pm		7:45 am- 3:00pm	7:45 am- 3:00pm	
<input type="radio"/>		8:45 am- 4:00pm	8:45 am- 4:00pm	8:45 am- 4:00pm		8:45 am- 4:00pm	8:45 am- 4:00pm	
<input type="radio"/>	8:00 am- 11:00pm	2:00pm-11:00pm	2:00pm-11:00pm	2:00pm-11:00pm	<input type="radio"/>	2:00pm-11:00pm	2:00pm-11:00pm	8:00 am- 11:00pm
<input type="radio"/>	8:00 am- 8:00pm	3:00pm-11:00pm	3:00pm-11:00pm	3:00pm-11:00pm	<input type="radio"/>	3:00pm-11:00pm	3:00pm-11:00pm	8:00 am- 8:00pm
<input type="radio"/>	9:00am-11:00pm	2:00pm-8:00pm	2:00pm-8:00pm	2:00pm-8:00pm	<input type="radio"/>	2:00pm-8:00pm	2:00pm-8:00pm	9:00am-11:00pm
<input type="radio"/>	11:00pm-9:00 am	11:00pm-9:00 am	11:00pm-9:00 am	11:00pm-9:00 am	<input type="radio"/>	11:00pm-9:00 am	11:00pm-9:00 am	11:00pm-9:00 am
<input type="radio"/>	Salary Position Flex Schedule							

Can we call you to offer you another shift, if your desired shift is not available? Yes or NO

Are you willing to work overtime? Yes or NO / Are you willing to work mandatory overtime? Yes or NO

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

If yes how far: °10-20miles °20-30miles °30-40miles °40-50miles °60miles +

Desired salary: _____ per _____

PERSONAL

Last Name _____ First _____ Middle _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Alternate Telephone _____ Emergency Contact Name & Number _____

Email Address: _____

Are you currently involved in any form of drug or alcohol abuse? Yes No DOB ____/____/____

If yes, please describe _____

Is there any reason you would be unable to perform all of the physical duties of the position of which you have applied?

Yes No

If yes, please describe _____



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Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain reason(s) _____

Are there foreign languages you can interpret or translate? Yes No Please List _____

Are you lawfully authorized to work in the United States? Yes No

Have you ever committed, been convicted of, plead guilty to, or plead nolo contendere to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? Yes No

If yes, please describe _____

Are you involved in any pending or future malpractice claims? Yes No

If yes, please describe _____

Have you ever worked with intellectual disabled adults before? Yes No Please List Name(s) of the companies you worked for providing services to intellectual disabled adults _____

PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

Name	Address	Business or Position	(Area Code) Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

EDUCATION: Circle highest grade attained. 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? Yes No If not, have you passed a GED test? Yes No Indicate where and when GED obtained:

Name	City	State	Major Course (Subject)	Last Level Completed	Degree
High School or Preparatory	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____	_____
Business School or Technical School or additional Graduate Work	_____	_____	_____	_____	_____

Special Qualifications and Skills: (typing, shorthand, foreign language, publications, scholastic honors, etc.) _____



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Employment Application Training and Certificate Information

Licenses (to include driver=s), certificates, or other authorization to practice a trade or profession.

CPR and First Aid Date

Expiration Date

Medication Management

Expiration Date

Behavioral Intervention ex. (TOVA)

Expiration Date

Do you have a valid driver's license Yes No _____

Driver's License Number

Issued State

Expiration Date

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

License Number Granted by (licensing board) **IF APPLICABLE**

Expiration Date

(Please make sure we retain a copy of all certifications, licenses (to include driving license) and an official abstract from Department of Motor Vehicles dated within 14 days of employment)



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Employment Application EMPLOYMENT HISTORY

Please describe all paid, military, and applicable voluntary experience starting with the most recent. You should highlight your knowledge, skills, and abilities that best demonstrate your qualifications for the position. This information is essential in evaluating your qualifications and selecting the appropriate applicant for the position. You may list significantly different jobs within the same organization as separate items. If you need additional space, please attach a separate sheet(s) of paper.

Present or Last Employer Telephone (_____) _____

Address City State ZIP

Position Held Start Salary Ending Salary

Nature of Duties

May we contact your present employer for a reference? Yes No

Reason for Leaving

Immediate Supervisor Telephone _____ to _____
Employed from

Present or Last Employer Telephone (_____) _____

Address City State ZIP

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Employment Application READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Independent Capacity System, Inc. (ICS, Inc.) and / or will generally result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and Independent Capacity System, Inc. (ICS, Inc.). If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or Independent Capacity System, Inc. (ICS, Inc.) at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulation of Independent Capacity System, Inc. (ICS, Inc.).

Are you currently under a physician’s care or currently taking any medication? Yes No

Do you understand that due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis-B Virus (HBV) infection and that Independent Capacity System, Inc. (ICS, Inc.) recommends that you should consider being vaccinated before beginning employment? Yes No

I have received and/or reviewed a copy of the Independent Capacity System, Inc (ICS, Inc.) Handbook and agree to read it and use it for reference. I understand that this booklet is intended as a guide for personnel policies and benefits, and general information, and that it is not intended to be an inclusive, not a contract for employment.

I further understand that management reserves the right to make changes in these guidelines or in their application as deemed necessary and / or appropriate. I understand that these changes can be made without notice to employee.

I understand I may receive disciplinary action up to and including termination for violating policies and / or procedures contained in this handbook.

EMPLOYEE SIGNATURE

DATE

Independent Capacity System would like to thank **you** for considering joining our team!