



**“Making Everyone’s Care Count.”**

**Application for Employment**

**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain \_\_\_\_\_

If applying for Non-Emergency Medical Transportation (NMET) driving position, do you have a valid Driver’s License?  Yes  No  
If applying for Non-Emergency Medical Transportation (NMET) position, do you have you any experience chauffeuring individuals with disabilities and/or the elderly?  Yes  No. If yes, please indicate number of years of experience \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list a minimum of two (2) professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_



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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. Nothing on this application is intended to create or imply a contractual relationship. If hired, the employee understands that employment is at will, in other words, that it is not for any specific time period or duration and can be terminated with or without reason at any time. While employment policies or procedures may change from time to time, only a written agreement signed by the company’s Chief Executive Officer can change the employee’s at-will status. I understand that consideration for employment is conditioned upon the results of a reference, drug and background



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check. I have given my authorization to Metro East Community Care, LLC to investigate all statements made by me on the application and to contact former employers and references. I attest to the accuracy and truthfulness of the information provided in this application and I understand that any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or if hired, grounds for discharge. I also understand that as a condition of my employment, I must complete a drug screening and Criminal Background Check to be hired by Metro East Community Care, LLC. I further understand that I will be required to complete a physical exam, at my own expense and at a doctor of my choosing, to test for my physical ability to perform the job in question. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only: Please Do not Write in this Section**

**Assigned Department (s)**

- \_\_\_\_\_ Direct Support Services
- \_\_\_\_\_ Non-Emergency Medical Transportation Services
- \_\_\_\_\_ Administrative Support Services
- \_\_\_\_\_ Frontline Supervisory Services
- \_\_\_\_\_ Financial Support Services
- \_\_\_\_\_ Executive Administration

**Date of New Employee Onboarding and Orientation Session**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Date of Hire**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Employee ID Number**

First Initial \_\_\_\_\_ Last Initial(s) \_\_\_\_\_ Numerical Date of Hire \_\_\_\_\_

**Evaluator of Record/Supervisor**

Name \_\_\_\_\_ Title \_\_\_\_\_

**Metro East Community Care, LLC Application for Employment Revision: April 19, 2021.**