

IMPACTFUL RESIDENTIAL CARE

Employment Application Form

Please complete all sections. Print clearly in ink.

IRC is an Equal Opportunity Employer

EMPLOYEE COMPLIANCE CHECKLIST

Current Driver's License

Current Car Insurance

Valid Car Registration

DSP Certified

CPI Certified

CRMA Certified

CPR/First Aid Certified

Driver's License Expires:

Car Insurance Expires:

EMPLOYMENT APPLICATION — PERSONAL INFORMATION

First Name:

Middle Name:

Last Name:

Have you ever gone by another name? Yes No

If Yes, please list here:

Street Address:

Date of Birth (DOB):

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Social Security Number:

Today's Date:

POSITION INFORMATION

Position Desired:

Salary Expected:

Available Start Date:

Have you worked here before? Yes No

If Yes, When:

EMERGENCY CONTACT

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

EDUCATION HISTORY

School Name & Location	Course of Study	Years Completed	Degree/Diploma

EMPLOYMENT HISTORY (List most recent first)

Employer #1

Company/Agency Name: _____	Phone: _____ _____
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Address:

From: _____ _____	To: _____ _____	Job Title: _____ _____	Pay Rate/Hour: _____ _____
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Supervisor: _____	Reason for Leaving: _____
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Employer #2

Company/Agency Name: _____	Phone: _____ _____
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Address:

From: _____ _____	To: _____ _____	Job Title: _____ _____	Pay Rate/Hour: _____ _____
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Supervisor: _____	Reason for Leaving: _____
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Employer #3

Company/Agency Name: _____	Phone: _____ _____
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Address:

From: _____ _____	To: _____ _____	Job Title: _____ _____	Pay Rate/Hour: _____ _____
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Supervisor: _____	Reason for Leaving: _____
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MILITARY HISTORY

Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Branch: _____
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Rank at Discharge: _____	Type of Discharge: _____
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If not Honorable, please explain:

REFERENCES (Do not list relatives)

Reference #1

Name: _____	Phone: _____
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Street Address: _____	City/State/Zip: _____
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Reference #2

Name: _____	Phone: _____
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Street Address: _____	City/State/Zip: _____
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Reference #3

Name: _____	Phone: _____
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Street Address: _____	City/State/Zip: _____
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APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

Applicant Printed Full Name: _____	Date: _____ _____
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Applicant Signature:

Please submit your completed application to: careers@impactfulrc.com

Impactful Residential Care | impactfulrc.com | Equal Opportunity Employer