



## Employment Application

**Non-Discrimination Policy:** Novelty Community Support Service LLC is committed to equal opportunity employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender, veteran status, or disability.

### Applicant Information

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

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Date Available: \_\_\_\_\_

Position(s) Applying for:

**RN:** [ ] [ ] **Speech Therapist:** [ ] **Occupational Therapist:** [ ] **DSP:** [ ] **LPN:** [ ] **Other:** \_\_\_\_\_

License Issuing Authority or Board: \_\_\_\_\_

Type of License Held: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

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? \_\_\_\_\_

Do You Have Malpractice Insurance? YES  NO

Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

UPDATED NOVEMBER 5, 2023





**NOVELTY COMPASSIONATE SUPPORT SERVICES**

**Education**

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

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

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

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

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

**COMPUTER SKILLS (Only for positions that require computer skills)**

- ( ) PC User ( ) Macintosh User ( ) Windows ( ) Microsoft Excel ( ) Microsoft Publisher ( ) Microsoft Word  
 ( ) Microsoft Access ( ) Internet ( ) Web Design/Maintenance ( ) Other:

**References**

*Please list three 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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NOVELTY COMPASSIONATE SUPPORT SERVICES

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

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

**WAIVER AND DISCLOSURES**

Please read each section carefully and sign where indicated.

It is to my understanding that this employment application or the granting of an interview does not represent a contract of employment or future benefits by this agency. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or the employer.

\_\_\_\_\_ Initials

**Military Service**

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

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

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

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**WAIVER AND DISCLOSURES CONTINUED**

Please read each section carefully and sign where indicated.

**Certification of Truth and Accuracy.**

I certify that the information in this application is true, complete, and accurate. I understand that false statements or significant omission made by me may cause denial of employment.

\_\_\_\_\_  
**Initials**

**Notification and Authorization to Obtain Medical Examination**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to perform required work duties. I understand that I may also be required to undergo a Pre-Employment or Post-Employment medical examination.

\_\_\_\_\_  
**Initials**

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal record. I understand that passing a background check is a requirement of employment.

\_\_\_\_\_  
**Initials**

**Please Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

