

Employment Application

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

		App	IICaiic	iniormation			
Full Name:					Date:		
	Last	Firs	t	М			
Address:							
	Street Address					Apartment/Unit	#
	City			Si	tate	ZIP Code	
Phone:				Email			
Date of Birth:		Social Security	/ No.:_		Desired Salary: <u>\$</u>		
Date Availab	ole:						
Position(s) A	Applying for:						
RN: []: []	Speech Therapist: []	Occupational '	Therap	oist: [] DSP: [] LPI	N: [] Other:		
License Issu	uing Authority or Board: _						
Type of License Held:							
License Number:		License Expiration Date:					
Are you a ci	tizen of the United States	YES	NO	If no, are you authorize	ed to work in th	YES ne U.S.?	NO
Have you ev	er worked for this compa	YES	NO	If yes, when?			
Do You Hav	re Malpractice Insurance?	YES 🗆	NO	Policy Name:			
Policy Numb	per:						







UPDATED NOVEMBER 5, 2023

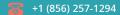


Education

High School From:	To:			NO	Diploma	a::
College:		Address	s:			
From:	To:	Did you graduate	YES	NO	Degre	e:
Other:		Address	s:			
From:	To:		YES	NO	Degre	e:
• •	() Macintosh User		rosoft Ex	cel () Microso	nputer skills) oft Publisher () Microsoft Word
() Microsoft Ad	ccess () Internet	() Web Design/Mainto	enance	() Ot	ther:	
		Refe	rences			
Please list t	three professional refe	rences.				
Full Name:					R	elationship:
Company:						Phone:
Address:						
Full Name:					R	elationship:
Company:						Phone:
Address:					<u>.</u>	
Full Name:					R	elationship:
Company:						Phone:
Address:						
	_	Previous I	Employ	ment	-	
Company:						Phone:
Address:						Supervisor:
Job Title:						Ending Salary:\$
Responsibili	ities:					
From:	To:	<u>:</u>	Reaso	on for Le	eaving:	
May we con	tact your previous supe	ervisor for a reference?	YES	S	NO	
				-		UPDATED NOVEMBER 5, 2023















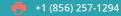
Company:				Phone:		
Address:		Supervisor:				
Job Title:	Starting Salary:			Ending Salary:\$		
Responsibilities:						
From:	To:	Reason fo	or Leaving:			
May we contact y	our previous supervisor for a reference?	YES	NO 🗆			
Company:				Phone:	_	
Address:			_	Supervisor:		
Job Title:	Starting Salary:			Ending Salary:\$		
Responsibilities:						
From:	To:	Reason fo	or Leaving:			
May we contact y	our previous supervisor for a reference?	YES	NO			
	WAIVER AND			adicated		
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 Discharg	e:	Type of	Discharge:			
If other than hono	orable, explain:					
	Disclaimer a	ınd Signa	ture			
I certify that my a	answers are true and complete to the be					

COMPACTOR

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interview may result in my release.





If this application leads to employment, I understand that false or misleading information in my application or





Signature:	Date:
WAIVER AND DISCLOSUR Please read each section carefully	
Certification of Truth a I certify that the information in this application is true, complete, and a omission made by me may cause denial of employment.	
	Initials
Notification and Authorization to OI I hereby certify that, if hired, I will disclose any limitations I have that understand that I may also be required to undergo a Pre-Employment	may impact my ability to perform required work duties. I
Additionally, you are hereby authorized to make any investigation of record, motor vehicle records, and criminal record. I understand that employment.	
Please Sign Here:	Date:







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