

## It Is Well Foster Care, Inc.

## **Employment Application**

|  |                             | Applican             | t Inform                              | ation      |                |                     |    |
|--|-----------------------------|----------------------|---------------------------------------|------------|----------------|---------------------|----|
| Full Name:   |                             |                      |                                       |            |                | Date:               |    |
|  | Last                        | First                |                                       |            | M.I.           |                     |    |
| Address:   | Chro at Address a           |                      |                                       |            |                | A                   |    |
|  | Street Address              |                      |                                       |            |                | Apartment/Unit #    |    |
|  | City                        |                      |                                       |            | State          | ZIP Code            |    |
| Phone:   |                             |                      | Email_                                |            |                |                     |    |
| Date Availat   | ole:                        | Social Security No.: |                                       |            | Desired        | Salary: <b>\$</b>   |    |
| Position Applied for:  |                             |                      |                                       |            |                |                     |    |
| How did you  | ı hear about this position? |                      | · · · · · · · · · · · · · · · · · · · |            |                |                     |    |
| If needed, a   | re you available to work o  | vertime? Yes   No    | ) <u> </u>                            |            |                |                     |    |
| What date a  | re you available to start w | orking, if hired?    | <u>//_</u>                            |            |                |                     |    |
| Do you have reliable transportation to and from work? Yes ☐ No ☐ |                             |                      |                                       |            |                |                     |    |
| Will you con   | sent to a mandatory cont    | olled substance tes  | t? Yes 🗌                              | No 🗌       |                |                     |    |
| Do you have  | e a condition which would   | require job accomm   | nodations?                            | Yes 🗌 N    | o 🗌            |                     |    |
| Have you completed SAFE Training? Yes ☐ No ☐                     |                             |                      |                                       |            |                |                     |    |
| Have you co  | ompleted IMPACT? Yes [      | ☐ No ☐               |                                       |            |                |                     |    |
| Have you completed Foundations Training? Yes ☐ No ☐              |                             |                      |                                       |            |                |                     |    |
| Are you a ci   | tizen of the United States  | YES NO               | If no, a                              | are you au | thorized to wo | YES rk in the U.S.? | NO |
| Have you ev  | ver worked for this compa   | YES NO               | If yes,                               | when?      |                |                     |    |
| Have you ev  | ver been convicted of a fe  | YES NO lony?         |                                       |            |                |                     |    |
| If yes, expla  | in:                         |                      |                                       |            |                |                     |    |
|  |                             | Ed                   | ucation                               |            |                |                     |    |
| High School  | :                           | Addre                | ss:                                   |            |                |                     |    |
| From:  | To:                         | Did you graduat      | YES<br>te?                            | NO<br>I    | Diploma:       |                     |    |
| College:   |                             | Addre                | ss:                                   |            |                |                     |    |

| From:                              | To:                     | Did you graduate?       | YES              | NO    | Degree:             |   |
|------------------------------------|-------------------------|-------------------------|------------------|-------|---------------------|---|
| Other:                             |                         | Address:                |                  |       |                     |   |
| From:                              | To:                     |                         | YES              | NO    | Degree:             | _ |
| Please list f                      | ive professional refere | Refere                  | ences            |       |                     |   |
| Full Name:                         | ·                       |                         |                  |       | Dhara               |   |
| Full Name:<br>Company:<br>Address: |                         |                         |                  |       | Phono:              |   |
| Full Name:<br>Company:<br>Address: |                         |                         |                  |       | Relationship:Phone: |   |
| Full Name:<br>Company:<br>Address: |                         |                         |                  |       | Dhono               |   |
| Full Name:<br>Company:<br>Address: |                         |                         |                  |       | Dhana               |   |
| _                                  |                         | 10 Years of Previo      | ous Em           | ployn | ment                |   |
| Company:<br>Address:               |                         |                         |                  |       | Phone:Supervisor:   |   |
| Job Title:                         |                         | Starting Sa             | ılary: <b>\$</b> |       | Ending Salary:\$    | _ |
| Responsibilit                      | ties:                   |                         |                  |       |                     |   |
| From:                              |                         |                         |                  |       | aving:              |   |
| May we cont                        | tact your previous supe | rvisor for a reference? | YES              |       | NO<br>              |   |
| Company:                           |                         |                         |                  |       | Phone:              |   |

| Address:                          |  |            |             | Supervisor:    |              |  |
|-----------------------------------|--|------------|-------------|----------------|--------------|--|
| Job Title:                        | Starting Salary:                               |            |             | Ending Salary  | y: <u>\$</u> |  |
| Responsibilit                     | ties:  |            |             |                |              |  |
| From:                             | To:  | Reason for | r Leaving:  |                |              |  |
| May we cont                       | tact your previous supervisor for a reference? | YES        | NO          |                |              |  |
|                                   |  |            |             |                |              |  |
| Company:                          |  |            |             | Phone:         |              |  |
| Address:                          |  |            |             |                |              |  |
| Job Title:                        | Starting Salary:                               |            |             | Ending Salary: |              |  |
| Responsibilities:                 |  |            |             |                |              |  |
| From:                             | To:  | Reason for | r Leaving:_ |                |              |  |
| May we cont                       | tact your previous supervisor for a reference? | YES        | NO          |                |              |  |
|                                   | Military                                       | Service    |             |                |              |  |
| Branch:                           |  |            | From:_      |                | To:          |  |
| Rank at Disc                      | charge:  | Type of D  | Discharge:_ |                |              |  |
| If other than honorable, explain: |  |            |             |                |              |  |

## Disclaimer and Signature

(Note: It Is Well Foster Care Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

It is Well Foster Care Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

## AT-WILL EMPLOYMENT

The relationship between you and the It Is Well Foster Care Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the It Is Well Foster Care Inc. No representative of It Is Well Foster Care Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

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.

| I, have never been shor jury, or a department investigation or other reliable evid deprived a child or adult or to have subjected any person serious injury as a result of intentional or grossly negligen statement to this effect obtained at the time of application. | to serious injury as a result of intentional or grossly t misconduct as evidenced by an oral or written |  |  |  |  |
|--|---|--|--|--|--|
| Employee signature below attest that all information provided in true and correct.   |   |  |  |  |  |
| Employee Signature:  | Date:   |  |  |  |  |

Abuse Statement