

DISABILITY CARE DIRECT

15 S 21ST ST. | FARGO, ND 58103 | 612-607-9281

PLEASE ANSWER ALL QUESTIONS.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

List All Other Names (maiden name, etc.): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: () - Cell Phone Number: () -

Have you ever applied to DCD before? Yes No If Yes, when? _____

Have you been employed by DCD? Yes No If Yes, when? _____

Shifts available for: Early mornings: Days: Evenings:

Weekends:

Type of work you'll accept: FT: (35+) PT

Do you have any certifications? _____

HOW YOU WERE REFERRED TO DCD

Name of person who referred you: _____

REASON FOR APPLYING

Tell us why you are interested in applying at DCD: _____

What qualities do you possess that would make you an ideal candidate to work at DCD? _____

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No

EDUCATION

	Name & Address	Last Year Completed	Did You Graduate?	Course of Study
High School (GED)	_____ _____	_____	_____	_____
College	_____ _____	_____	_____	_____
College	_____ _____	_____	_____	_____

EMPLOYMENT REFERENCES

Please list the name, address and phone number of three **references (excluding relatives)** who have specific knowledge of your skills, qualifications, and abilities to perform in the position you are applying for.

NAME	ADDRESS & PHONE NUMBER	RELATION TO THEM
_____	_____ _____ () -	_____ _____
_____	_____ _____ () -	_____ _____
_____	_____ _____ () -	_____ _____

EMPLOYMENT HISTORY

Indicate reasons for gaps in employment: _____

List Most Recent Position First

Business Name:	Street Address:	Telephone (required):	Supervisor:
_____	_____	() - _____	_____
Employment Dates:	City, State, & Zip:	Position Held:	Ending Salary:
_____ to _____	_____	_____	_____

Job Duties: _____

Reason For Leaving: _____

Business Name:	Street Address:	Telephone (required):	Supervisor:
_____	_____	() - _____	_____
Employment Dates:	City, State, & Zip:	Position Held:	Ending Salary:
_____ to _____	_____	_____	_____

Job Duties: _____

Reason For Leaving: _____

Business Name:	Street Address:	Telephone (required):	Supervisor:
_____	_____	() - _____	_____
Employment Dates:	City, State, & Zip:	Position Held:	Ending Salary:
_____ to _____	_____	_____	_____

Job Duties: _____

Reason For Leaving: _____

Business Name:	Street Address:	Telephone (required):	Supervisor:
_____	_____	() - _____	_____
Employment Dates:	City, State, & Zip:	Position Held:	Ending Salary:
_____ to _____	_____	_____	_____

Job Duties: _____

Reason For Leaving: _____

EMPLOYMENT HISTORY

STOP! READ CAREFULLY BEFORE ANSWERING THE FOLLOWING QUESTIONS: The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The following information is needed for the position for which you are applying for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

Are you age 18 or older? Yes No Employment is subject to verification of minimum legal age.

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?

All Employers Current Employer Only

Have you ever been convicted of a Yes No

If "Yes", give date(s): _____

Offences: _____

And Disposition: _____

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and to the extent permitted by applicable law.

Are you able to perform the duties of the position with or without special accommodation?

With special accommodation Without special accommodation

Do you have a current driver's license? Yes No

Do you have a clear driving record? Yes No

If "No", please _____

PRE-EMPLOYMENT STATEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination.
2. Any offer of employment I may receive from DCD is contingent upon my successful completion of the company's pre-employment screening process, including receiving references that it considers satisfactory.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, **I may be required to submit to an alcohol or drug screening at any time at the discretion of DCD.** I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to DCD.

Signature: _____ **Date:** _____

Submit application to: 15 S 21st St., Suite 205, Fargo, ND 58103 or Email to info@disabilitycaredirect.com or mongboe2002@yahoo.com