

# Caring Alternatives, Inc.

## Application for Employment

Employees of CAI and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, sex, national origin, political affiliation, legal age, height, weight, marital status, handicap or veteran status.

### CAI Use Only

Date of Application: \_\_\_\_\_

Position Sought \_\_\_\_\_

References Attached: \_\_\_\_\_ Resume Attached: \_\_\_\_\_

List Other Attachments: \_\_\_\_\_

Send To: \_\_\_\_\_

Results: \_\_\_\_\_

### Personal Information

Full Legal Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Alternate Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Former Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

ST \_\_\_\_\_ Zip \_\_\_\_\_ Years of Residence \_\_\_\_\_ Prior Address \_\_\_\_\_

### General Information

Are you over 18? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_ Do you have a dependable auto? \_\_\_\_\_

Do you have auto insurance? \_\_\_\_\_ Who referred you to CAI? \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_ Have you worked here before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have relatives who work or receive services from CAI? \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_, If no list VISA status \_\_\_\_\_

List languages that you are fluent in? \_\_\_\_\_ Are you a veteran of US Military Service? \_\_\_\_\_ If yes,

List Branch \_\_\_\_\_

Have you ever been convicted of a law violation (s) including moving traffic violation? \_\_\_\_\_

Is there any reason you would not pass a drug test? \_\_\_\_\_

Is there any reason you could not be bonded? \_\_\_\_\_ Has bonding ever been denied or terminated? \_\_\_\_\_

### Employment

Position Desired \_\_\_\_\_ Wage Requirements \_\_\_\_\_ Available Start Date \_\_\_\_\_

Availability (*circle all that apply*)

Full Time    Overtime    Part Time (*Hrs. per Wk limitation.*) \_\_\_\_\_    24-Hour Assignments    Weekend Assignments    Stand-By Assignments

Split Shifts    Days    Afternoons    Nights    Specific Days as Listed \_\_\_\_\_

Describe your experiences in the position you are applying for: \_\_\_\_\_

### Education (*Attach all relevant documents. licenses. etc.*)

High School Name & Location

Did you graduate?  
Course of Study

Highest Grade Completed?

Trade School Name & Location

Did you graduate?  
Course of Study

College Name & Location

Did you graduate?  
Course of Study

Highest Grade Completed?

Special Training, Qualifications, and Skills

**Personal References** *(Do not list relatives or employers.)*

Name
Telephone
Occupation
Years Known

Name
Telephone
Occupation
Years Known

Name
Telephone
Occupation
Years Known

**Employment References** *(Start with current or most recent job.)* **May we contact your present employer?**

Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

**Additional Comments**

State here any additional information you feel may be helpful to us in considering your application.

**Applicants Statement**

I hereby certify that all entries on this application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with CAI. I understand that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted in regards to his application I further authorize CAI to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies or systems on a need-to-know basis for good cause shown as determined by CAI. I understand that if hired, my employment relationship with CAI may be terminated by either of us, at will.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Stop – For CAI Staff Use Only**

Personal Reference Check Date \_\_\_\_\_ By \_\_\_\_\_ Employment History Check Date \_\_\_\_\_ By \_\_\_\_\_  
Interviewed By \_\_\_\_\_ On \_\_\_\_\_ Second Interview With \_\_\_\_\_ On \_\_\_\_\_

Main Office: 2092 South Custer Road  
Monroe, MI 48161  
(734) 242-8711

South County Office: 7400 Lewis Avenue, Suite J  
Temperance, MI 48182  
(734) 847-4986