Dear Applicant,

Coleman Tri County Services utilizes a multiple phase hiring process. The first phase is you filling out and returning the attached application. Upon receipt your application will be reviewed. If we are currently hiring and you are being considered you will be requested to complete phase 2.

Phase 2 consists of you supplying us with additional information to complete a preliminary background check. This will include the Nurse Aid Registry and Sex Offender Registry. You will also need to fill out your hours of availability and the location at which you would like to work. Your information is then forwarded to the locations that you are interested in that are currently hiring. If the supervisor is interested in possibly hiring you, you will receive a call to schedule an interview. Please make sure you have a good phone number on your application! The call for the interview does not mean you are hired. We normally interview several people for each vacancy and then make a selection.

Phase 3 consists of an interview. After the interview if you are selected as one of our new staff you will be ask to come in and complete the task needed to meet all of our licensure requirements. This may include fingerprinting as well as paperwork completion. A more in depth background check will also be completed. All staff are hired pending successful completion of the background check. If you have a disqualifying offense you will be immediately removed from the schedule. You will also be required to submit 2 forms of ID. A Social Security card is required as well as some other form of ID that is listed on the I9 form (such as a Drivers License). You will also be ask to provide proof of active auto insurance and written verification of a High School Diploma or GED.

Phase 4 varies from site to site but will include orientation and training.

We appreciate your interest in working at Coleman Tri County Services and look forward to receiving your application.

Sincerely,



Dawn Lamp

Executive Director

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| --- | --- | --- |
| APPLICATION FOR EMPLOYMENT | | |
| Coleman Tri-County Services, Inc  Prospective employees will receive consideration without  discrimination because of race, creed, color, sex, sexual orientation, age, National Origin, handicap or Veteran Status |  |  |

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| P  E R  S  O  N  A  L | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Last Name | | First Name Middle | | |  | Maiden | Date | |  |  |  | |  |  |  |  | | Street address | |  | | City | State | Zip Code | Home Phone | |  |  |  | |  |  |  |  | | Have you ever applied for employment with us? | | | | | |  | Other Phone # | | If yes, Month and Year: | | | Location: | | |  |  | | Position Desired | |  | |  |  |  | Social Security # | |  |  |  | |  |  |  |  | | Apart from absence for religious observance, are you available for full time work? | | | | | | | Will you work overtime | |  | |  | |  |  |  | if asked? | | Are you legally eligible for employment in the United States? | | | | | | | When will you be able to begin work? | | Other Special Training or skills: | | | | | | |  | |  |  |  | |  |  |  |  | | Membership in Professional or Civic Organization (Exclude those which may disclose your race, religion, or national origin) | | | | | | | | |  | | | |  |  |  |  | |  |  |  | |  |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| E | School | Name and Location of School | Course of Study | # Years | Did you | Degree of |
| D |  |  |  | Completed | Graduate? | Diploma |
| U | Accredited Graduate |  |  |  |  |  |
| C | School |  |  |  |  |  |
| A | Accredited Graduate |  |  |  |  |  |
| T | College |  |  |  |  |  |
| I | Business/Trade School |  |  |  |  |  |
| O |  |  |  |  |  |  |
| N | High School |  |  |  |  |  |
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This application is not intended to create an implied or expressed contract of employment or a guarantee of employment or a guarantee of continued employment or employment for a definite period of time, Both the agency and the employee are free to terminate the employment relationship with or without cause and with or without notice, at any time. The agency retains the right with or without prior notice, to modify, delete, or supplement policies, benefits and other terms, conditions of employment and to hire, transfer, discipline, terminate and otherwise manage its employees as it deems appropriate.

**Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name | | Telephone | | |
|  | |  | | |
| Address | | Employed (Month and year) | | |
|  | | From To | | |
| Name Of Supervisor | | Weekly Pay | | |
|  | | Start Last | | |
| State Job title and Describe your work | | Reason for leaving | | |
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|  | |  | | |
| Company Name | | Telephone | | |
|  | |  | | |
| Address | | Employed (Month and year) | | |
|  | | From To | | |
| Name Of Supervisor | | Weekly Pay | | |
|  | | Start Last | | |
| State Job title and Describe your work | | Reason for leaving | | |
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| Company Name | | Telephone | | |
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| Address | | Employed (Month and year) | | |
|  | | From To | | |
| Name Of Supervisor | | Weekly Pay | | |
|  | | Start Last | | |
| State Job title and Describe your work | | Reason for leaving | | |
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| Company Name | | Telephone | | |
|  | |  | | |
| Address | | Employed (Month and year) | | |
|  | | From To | | |
| Name Of Supervisor | | Weekly Pay | | |
|  | | Start Last | | |
| State Job title and Describe your work | | Reason for leaving | | |
|  | |  | | |
| We may contact the employers listed above unless | **Employer Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_** | | |
| you indicate those you do not want us to contact. | Did you serve in the U.S. armed forces? \_\_\_\_ | |
|  | If "Yes" what Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Describe any training received relevant to the position for which you are applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Are you 18 years of age or older? |
|  |  |
|  | Do you have reliable transportation?  Do you have a driver’s license?  Do you have automobile insurance? |

Do you have any family members employed by Coleman Tri-County Services, Inc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References:

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| Name | How you know them? | How long have you known them? | Phone Number |
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| --- |
| The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact may lead to dismissal. |
|  |
| I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. |
|  |
| If you decide to engage an investigative consumer reporting agency to report on my credit and |
| personal history, I authorize you to do so.  If a report is obtained you must provide, at my request, the name of the agency so that I may obtain from them the nature and substance of the information that was provided in the report. |
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| Date Signature |