



Alternatives Access, LLC.
 Providing Personal & Family Support Solutions

Employment Application

(please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached: _____ Soc. Sec. #: ____/____/____

Are you a citizen of the United States? Yes No

If not, do you have work papers? Yes No

Are you a veteran? Yes No Branch of Service: _____

Position Applied For (check all that apply):
 Supported Living Consultant
 Supported Living Specialist
 Vocational Support Specialist

List the specific times for each day that you will be available to work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you will not be available to work during any time of the year, please specify. _____

Date you can begin employment: _____

Education

High School: _____

Graduate? Yes No GED

Business/Trade School: _____

Graduate? Yes No License/Certification: _____

Dates attended: _____

College/University/Jr. College: _____

Graduate? Yes No Degree: _____

Dates Attended: _____

Graduate School/Professional Training: _____

Graduate? Yes No Degree: _____

Dates Attended: _____

Additional certification, licenses, and/or education: _____

Summarize your special skills and qualifications: _____

Previous Employment (begin with most recent position)

Firm: _____

Address: _____

Phone Number: (____) _____ Supervisor: _____

Nature of Business: _____

Dates of Employment: from _____ to _____ Ending Salary _____

Position(s) Held: _____

Job Duties/Responsibilities: _____

Reason For Leaving: _____

May we contact this employer for a reference? Yes No

Firm: _____

Address: _____

Phone Number: (____) _____ Supervisor: _____

Nature of Business: _____

Dates of Employment: from _____ to _____ Ending Salary _____

Position(s) Held: _____

Job Duties/Responsibilities: _____

Reason For Leaving: _____

May we contact this employer for a reference? Yes No

References:

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

Who referred you to us? (person or agency): _____

I certify that my answers are true and complete to the best of my knowledge. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. _____Initials.

Please complete the attached **Alternative Access, LLC-Accuracy Clause**.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters, as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. _____Initials.

Please complete the attached **Alternative Access, LLC-Authorization Clause**.

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the Director/Owner, has authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract. _____Initials.

Please complete the attached **Alternative Access, LLC-At Will Employment Clause**.

Signature of Applicant

Date

For AALLC Use Only

Notes: _____

Action: _____

Accuracy Clause

Accuracy. I, _____, verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Employee Signature _____ Date _____

_____ Initials

At Will Employment Clause

At Will Employment. I, _____, acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the president, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

Employee Signature _____ Date _____

_____ Initials

Authorization Clause

Authorization. I, _____, authorize Alternatives Access, LLC to obtain information about me from my previous:

Employers

Schools

Credit Sources (Provide only if requested for meeting work assignment specific to position for which you are applying.)

I authorize my previous employers, schools that I have attended and all Credit sources to disclose to Alternatives Access, LLC such information about me as Alternatives Access, LLC may request.

Employee Signature _____ Date _____

_____ Initials

AUTHORIZATION TO RELEASE INFORMATION

To: _____

Please be advised that I have applied for a position with Alternatives Access, LLC. I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

This authorization is valid for 90 days from the date of my signature below. Please keep this copy of my release request for your files. Thank you for your cooperation.

Signature

Date