J & M Adult Care Services, LLC is an Equal Employment Opportunity (EEO) / Affirmative Action Employer committed to excellence through diversity. Employment offers are made based on qualifications without regard to race, sex, religion, ethnicity, national origin, disability, age, veteran status or sexual orientation.

**Instructions:** Please print neatly. Complete the **entire** application. Resumes may be attached, but all questions must still be completed or your application will be deemed incomplete and may not be considered. Please complete each box – ***Do Not*** just indicate, “***See Resume***.” Be sure to include all relevant experience, skills and trainings. All blocks / questions should be completed or noted as “N/A” if not applicable.

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| **Personal Information** |
| Name (Last, First, Middle): | Position Applied For: | Job #: |
| Street Address: | City, State & Zip: | Other names you have used in school or Work: |
| Home Phone: | Cell Phone: | Other Phone: |
| E-Mail Address: |
| Are you eligible to work in the United States? |  | Yes |  | No | Social Security # |
| Are you 18 years of age? |  | Yes |  | No | If *NO*, then what is your current age: |
| Are you currently employed? |  | Yes |  | No | If YES, current job title and department: |
| Company: |
| Previously employed by J & M? |  | Yes |  | No | If YES, please give dates & reason for leaving: |
| Related to any J & M employee? |  | Yes |  | No |
| If YES, please give their name & relationship to you: |
| How did you learn about this position? (Check all that apply): |  | Newspaper |  | Dept. of Labor |
|  | VEC |  | Website |  | Walk-in |  | Referral by (Name): |
| **Education** |
| **Name of School:** | **City / State:** | **Graduated?** | **Date Graduated:** | **Years Left:** | **Degree Received:** | **Major:** |
| **Yes** | **No** |
| High School: |  |  |  |  |  |  |  |
| GED |  |  |  |  |  |  |  |
| College |  |  |  |  |  |  |  |
| College |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |
| **Other Credentials and Skills** |
| Relevant Licenses, Professional Affiliations, Memberships, Etc.: |
| Relevant technical, clerical, computer, trade skills, etc. (Include software / applications skills): |
| Overall Computer Skill Level: |  | Expert |  | Intermediate |  | Basic / Beginner |
| Other pertinent information about you and/or your skills: |
| **Work Experience** |
| Please detail your **entire** work history **beginning with your current / most recent** employer. If you held multiple jobs with the same company, detail each separately. Attach additional sheets if needed. Include military service and volunteer commitments. Omission of employment history may be considered falsification of information.**Note: 1 – Please explain any gaps in employment. Note 2 – Do NOT just write “See Resume.”** |
| Employer: | Position: |
| Address: |
| Employed from: | To: | Start Salary: | End Salary: |
| Supervisor’s Name / Title / Phone #: |
|  | Full Time |  | Part Time | Avg. Hours Worked / Week: | Contact my current employer: |
| Primary Duties / Skills Used: |  | Any Time |
|  | Only if I am a finalist |
|  | Never |
|  |
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| Address: |
| Employed from: | To: | Start Salary: | End Salary: |
| Supervisor’s Name / Title / Phone #: |
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|  | Only if I am a finalist |
|  | Never |
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| **Driving Record** |
| Driver’s License #: | Issuing State: | Expires: |
| Copy of my current DMV driving record attached: |  | Yes |  | No – I will provide one ASAP |
| **Why You**  |
| Why are you applying for this position: |
| Why are you the best choice for this position: |

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form or misrepresent and/or omit facts represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize J & M Adult Care Services, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of J & M Adult Care Services, LLC serve at-will and the employment relationship may be terminated at any time by either party for any or no reason other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuance at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

My signature below indicates that I have, to the best of my ability,honestly answered all questions on this application and read the above statement and agree to abide by it.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_