

Bluewater Residential Services

For office use only:

Date Received:	Interview Scheduled?
Notes:	

Position Applied For: _____ Date: _____

Last:	First:	MI:
Street Address:		
City:	State:	Zip:
Cell#:	E-mail:	

Full-Time or Part-Time? _____

Preferred Shifts (circle all that apply): Days Afternoons Nights-Awake Nights-Asleep

Please circle answers:

Are you authorized to work in the United States? Yes / No
 Do you currently have a valid driver's license? Yes / No
 Do you have reliable transportation? Yes / No Explain: _____
 Have you ever been convicted of a felony? Yes / No
 Have you ever received a disqualification from DHS? Yes / No
 If yes please explain: _____

Education

Please indicate the highest level of education you have completed (circle one):

GED HS Diploma Some College AA/AS BA/BS Graduate School
 Specialty/Major (if applicable): _____

Experience

Current or most recent job title: _____

Employer:	Date Started:	Date Ended:
Supervisor:	Phone #:	City/State:
Hours/week:	Current or Ending pay \$:	
Reason for leaving or if currently employed, reason for looking for new employment?		

Previous position #1: _____

Employer:	Date Started:	Date Ended:
Supervisor:	Phone #:	City/State:
Hours/week:	Ending pay \$:	
Reason for leaving?		

Previous position #1: _____

Employer:	Date Started:	Date Ended:
Supervisor:	Phone #:	City/State:
Hours/week:	Ending pay \$:	
Reason for leaving?		

Emergency Contact:

Name:	Relationship:
Address:	
Cell#:	

Please list any applicable knowledge, skills and/or certifications you would like us to know about:

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Disclaimer and Signature

I certify the information on this form is true and complete to the best of my knowledge. Falsification of application information will lead to disqualification from hiring process and/or immediate termination. I understand that the terms and conditions of my employment can be changed or terminated with or without cause, and with or without notice, at any time, by either myself or Bluewater Residential Services. If employed, I understand that in periods of low census or caseload I may have my hours reduced or be reassigned to other Bluewater residences. :

Signature: _____ Date: _____