



EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
Which ITC office are you applying to?	East		Central		West	Date:
How Did You Hear About Us?						
Last Name:		First Name:			Middle Initial:	
Street Address:					Apartment/Unit #:	
City:		State Abbreviation:			Zip:	
Home Phone:			Email Address:			
Cell Phone:			Date of Birth:		SS #:	
Date You Can Start:		Wage Desired:		Available:	Afternoons	Evenings
Emergency Contact:		Relationship:			Phone:	
Emergency Contact Address:					Apartment/Unit #:	
City:		State Abbreviation:			Zip:	

Y	N	PLEASE ANSWER EACH QUESTION HONESTLY	If Yes
		Have you ever been convicted of a felony and/or misdemeanor?	What/When:
		Are you eligible to work in the U.S.?	Document #:
		Do you speak other languages in addition to English?	What Language(s):
		Do you have any physical conditions that restrict you to lift or do any physical work?	What:
		Are you employed now?	Where:
		Have you ever been employed by this company before?	When:
		Do you have a current CPR card?	Expiration date:
		Do you have a current First Aid card?	Expiration date:
		Do you have a valid Fingerprint Clearance Card?	FPCC #:
		Do you have a current Article 9 certificate?	Expiration date:
		Do you have a current Prevention & Support certificate?	Expiration date:
		Do you have a current DCW training (Principles of Caregiving)?	Date complete:
		Do you have any experience with individuals with disabilities or the elderly?	
		Are you at least 18 years of age or older?	
		Do you have reliable transportation?	
		Are you willing and able to transport members in your own personal vehicle?	
		Can you work in a smoking environment?	
		Are you willing to work in a household with pets?	



EDUCATION				Y	N	
High School	Name:	Years Complete:	Graduate?			Degree:
College	Name:	Years Complete:	Graduate?			Degree:
Other	Name:	Years Complete:	Graduate?			Degree:

PREVIOUS EMPLOYMENT (Most Recent First)	
Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: _____ to _____
Wage:	Reason for Leaving:
Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: _____ to _____
Wage:	Reason for Leaving:
Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: _____ to _____
Wage:	Reason for Leaving:

REFERENCES (Do Not List Relatives)			
Name:	Phone:	Email:	Years Known:
Name:	Phone:	Email:	Years Known:
Name:	Phone:	Email:	Years Known:
Name:	Phone:	Email:	Years Known:
Name:	Phone:	Email:	Years Known:

I authorize investigation of all statements contained in this application and I understand that a criminal background and motor vehicle report will be requested. I further understand that any misrepresentation or omission of facts called for in this application is cause for dismissal. If I am accepted for employment with this agency, I agree to abide by all company policies and procedures and I understand that I may be terminated for not complying with them

Signature:	Date:
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ITC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, gender identity, or any other basis prohibited by federal or state law.