



# Employment Application

An Equal Opportunity Employer

To Applicant:

Thank you for your interest in pursuing career opportunities with COMHAR, Inc. A clear understanding of your background, education and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on the basis of race, color, sex, age, religion, ancestry, national origin, political beliefs, sexual orientation, marital status, veterans status, or handicap.

Personal Information		PLEASE FILL OUT IN DETAIL			
Name: (Last, First, Middle)		E-Mail Address:		Date:	
Address: (Street, City, State, Zip Code)			Home Phone Number: ( )		
Position(s) Applied for: 1. 2. 3.		Available for / Hours Preferred: <input type="checkbox"/> Full <input type="checkbox"/> Part   <input type="checkbox"/> Day <input type="checkbox"/> Evg. <input type="checkbox"/> Night Time Time		Salary Range Required:	
		Date Available to Start:		Work Phone Number: ( )	
How Long at Present Address?		If less than 1 year, indicate previous address:			
How were you referred to COMHAR, Inc.?		Advertisement: (publication)	Friend/Relative: (Name)	School: (Name)	Other:
Education			PLEASE FILL OUT IN DETAIL		
High School: (Name and Location)			Attended: (From month/year to month/year)		
Program/Major:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/>	Completion: (month/year)	# Years Completed:	
Higher Education: (Name of School and Location)			Attended: (From month/year to month/year)		
Program/Major:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Completion: (month/year)	# Years Completed:	
Higher Education: (Name of School and Location)			Attended: (From month/year to month/year)		
Program/Major:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Completion: (month/year)	# Years Completed:	
Professional Certification/Registration/License No.: _____ State: _____ Expiration Date: _____					
Driver's License Number: _____ State: _____ Expiration Date: _____ Is it currently valid? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If applicable to this position: Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____					
1. Are you legally eligible for employment in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Do you object to taking a job-related test or physical examination? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Do you object to working weekends or holidays if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Have you previously applied for employment at COMHAR? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, indicate Dates: _____					
5. Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, indicate department(s)/Dates: _____					
6. Have you ever worked at COMHAR through a temporary agency? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, explain: _____					
7. Have you ever been disciplined for attendance problems? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, explain: _____					
8. Have you ever been discharged/fired from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, explain: _____					
9. Have you ever resigned from a position in connection with an allegation of client abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, explain: _____					
10. Have you ever pleaded guilty or been convicted of a crime other than a summary offense? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain: (A "Yes" answer will not necessarily disqualify you from consideration for employment.) _____					
11. Can you speak, read and/or write any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____					



## Employment Application

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**Name:** (Last, First, Middle)

**E-Mail Address:**

**Date:**

### Employment

Complete entire application even if your resume is attached.  
LIST THE MOST RECENT EXPERIENCE FIRST.

**Dates** (from month/year to month/year)

**Employer** (name, address, phone number)

**Job Title:**

**Supervisor** (name & title)

**Salary**

**Reason for Leaving**

**Major Duties:**

**Dates** (from month/year to month/year)

**Employer** (name, address, phone number)

**Job Title:**

**Supervisor** (name & title)

**Salary**

**Reason for Leaving**

**Major Duties:**

**Dates** (from month/year to month/year)

**Employer** (name, address, phone number)

**Job Title**

**Supervisor** (name & title)

**Salary**

**Reason for Leaving**

**Major Duties:**

**Dates** (from month/year to month/year)

**Employer** (name, address, phone number)

**Job Title:**

**Supervisor** (name & title)

**Salary**

**Reason for Leaving**

**Major Duties:**

**U.S. Military Service?**  Yes  No **Branch** \_\_\_\_\_

**Special Training/Experience:** \_\_\_\_\_

**Other than those listed above, have you ever worked in an educational, health or human services organization?**

Yes  No **if YES, Where?** \_\_\_\_\_

List 2 work-related references in addition to supervisors listed above:

**Name, Address, And Phone**

**Relationship to you**  
**Years Acquainted**




Quality In Care • Excellence In Service

**Authorization and Release of Information**

I hereby give COMHAR, Inc. the right to make a thorough investigation of my past employment, education, police record, and activities, and I release from all liability all persons, companies and corporations supplying such information including academic verifications from accredited institutions and professional references. I indemnify COMHAR, Inc. against any liability, which might result from making such investigation. I understand that any false answer or statement or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between COMHAR, Inc. and me for either employment or for the provision of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon COMHAR, Inc., unless made in writing by the Executive Director, Chief of Staff and/or the Director of Human Resources. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that COMHAR, Inc. retains a similar right.

Print or Type Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Indicate other name(s) used during schooling or at other employers if different from the name you are using now, or if different from the name stated above in this application. (Please Print or Type) \_\_\_\_\_**