



Corum Human Services
Corum cares!

Corum Human Services LLC

"Lending a beacon of light and hope for all individuals with disabilities and special needs"

433 Lilys Way, Winchester, Virginia 22602 | (540) 398-7566 | Fax (540) 542-1807 | employment@corumshomes.com

APPLICATION FOR EMPLOYMENT

All statements made by applicants on this application will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, or the presence of a non-job-related medical condition or disability or any other protected status.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Application	
Street Address			Home Phone	Cell Phone
City	State	Zip Code	E-mail Address	
Position Applied for: <input type="checkbox"/> Direct Support Professional <input type="checkbox"/> Other: _____			Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	Shift <input type="checkbox"/> Day (6am – 2pm) <input type="checkbox"/> Evening (2pm – 10pm) <input type="checkbox"/> Overnight (10pm – 6am)
If part-time, what days and hours can you work?		When can you begin working?		
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year: _____			Pay Expected?	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma Earned
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					

GENERAL INFORMATION

Have you ever been bonded? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a bond? If yes, state reason and date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of misdemeanor or felony? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or requested to resign from a position? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now? If so, may we contact your current supervisor if you are offered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Employer: _____ Supervisor name: _____ Contact number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Why do you desire to make a change?	
Have you ever held a position of trust (handling money or confidential materials)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current and valid drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A conviction may not necessarily be a bar to employment; factors such as age and time of offense, seriousness, and nature of the violation and rehabilitation will be taken into account.

EXPERIENCE

1. Company/Agency Name and Address		Telephone Number
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Company/Agency Name and Address		Telephone Number
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Company/Agency Name and Address		Telephone Number
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION

Use this space below to list additional attributes, special training, and/or affiliations with which you are associated, which you think may assist us in evaluating your application

REFERENCES

List the names, addresses, and phone numbers of three business references, not related to you, who know your qualifications and/or can provide a character reference.

Name	Address	Phone Number
Name	Address	Phone number
Name	Address	Phone Number

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for furnishing such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Corum Human Services (CHS) and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon CHS unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, subject to CHS personnel policies, and CHS retains the same right."

"I understand that if employed, policies and procedures which are issued are not conditions of employment and that CHS may revise policies and procedures, in whole or in part, at any time."

"I agree to submit to a criminal record check and/or fingerprint record search pursuant to Sections 19.2-398 and 37.1-197.2, Code of Virginia, and will provide personal descriptive information to be used in a national criminal records check. I understand that my becoming employed and my continued employment are subject to the results of the criminal history check and /or fingerprint record search."

Signature of Applicant: _____ **Date:** _____