

Cornerstone Support Services

Application for Employment

Cornerstone Support Services, Inc. is committed by corporate policy to recruit, employ, and promote the best qualified individuals in full compliance with all applicable laws prohibiting discrimination on the basis of race, color, religion, gender, national origin, age, pregnancy, childbirth or related medical conditions, genetic information, military service, marital status, disability, gender identity, or any other characteristic protected by law.

Personal Information

(Please Print)

Name: _____ Date: _____
Last First Middle

Present Address: _____ Driver's Lic. # & State: _____

City State Zip Home Phone: _____

Cell Phone #: _____ Emergency Phone #: _____

Email Address: _____

Do you have the legal right to work in the United States? Yes No Are you at least age 18? Yes No

Position(s) applied for: 1. _____ 2. _____

Rate of Pay Expected: _____ How soon could you report to work? _____

Type of Employment Sought: Full Time Part Time Temporary

What days and hours if part time? Days (Check) Mon Tue Wed Thur Fri Sat Sun

Preference for Shift/Hours _____
First Second Third

*** Assignment of day, shift and hours is based on company need without guarantee of permanency. ***

How did you learn about Cornerstone Support Services? _____

Are you related to anyone employed or supported by Cornerstone? Yes No

If yes, please list their name, work location and relationship to you: _____

Have you ever applied for a job with us before? Yes No If yes, indicate specific location: _____

Have you ever worked for us before? Yes No If yes, indicate specific location: _____

Have you ever been convicted of a crime? Yes No

If yes, state conviction, date and place where offense occurred: _____

(Disclosure will not necessarily disqualify you for employment. Each event will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job.)

Have you ever had a position of trust (handling money or confidential material)? Yes No

Have you ever been listed by a Federal Agency as debarred, proposed for debarment or suspension or otherwise excluded from Federal Medicare/Medicaid participation? Yes No If yes, please explain and notify the company representative assisting you with this application. _____

Education

Name and Address of School

High School: _____

High School Graduate? Yes No

Check last year completed: 9 10 11 12

GED? Yes No

College/University: _____

Degree/Major: _____

Circle last year completed: 1 2 3 4 5 6

Did you graduate? Yes No

College/University: _____

Degree/Major: _____

Circle last year completed: 1 2 3 4 5 6

Did you graduate? Yes No

Other Training/Education/Certifications/Licenses: _____

At Least Three Personal References

Must have known one reference at least five years. Do not list relatives as personal references.

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Length of Time Acquainted or Known: _____ Years _____ Months

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Length of Time Acquainted or Known: _____ Years _____ Months

3. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Length of Time Acquainted or Known: _____ Years _____ Months

Prior Work Record

Please fill out completely. Do NOT state "See attached resume."

Are you employed now? Yes No

Why do you desire to make a change? _____

In addition to your work history, what other experience, skills or qualifications do you believe would be beneficial to our company?

Please describe all work experience beginning with the most recent (use additional paper if needed).

1. _____ (_____) _____
Name and Address of Employer Phone Number

Immediate Supervisor (Name and Position) Date Hired Starting Pay

Job Titles and Duties Date Left Final Pay

Reason for Leaving: _____

2. _____ (_____) _____
Name and Address of Employer Phone Number

Immediate Supervisor (Name and Position) Date Hired Starting Pay

Job Titles and Duties Date Left Final Pay

Reason for Leaving: _____

3. _____ (_____) _____
Name and Address of Employer Phone Number

Immediate Supervisor (Name and Position) Date Hired Starting Pay

Job Titles and Duties Date Left Final Pay

Reason for Leaving: _____

4. _____ (_____) _____
Name and Address of Employer Phone Number

Immediate Supervisor (Name and Position) Date Hired Starting Pay

Job Titles and Duties Date Left Final Pay

Reason for Leaving: _____

Applicant's Agreement and Certification

1. I certify that facts set forth in this Application for Employment are true and complete to the best of my knowledge and that I completed the application myself. I understand that any false statements, omissions or misrepresentations may result in denial of employment or my dismissal, after employment. I authorize Cornerstone Support Services, Inc. to investigate any of my responses as set forth in this application and release the Company from any liability.
2. I understand that employment at Cornerstone Support Services, Inc. is "at-will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.
3. I understand that if a conditional offer of employment is made to me, it is conditioned upon my successful completion of a pre-employment drug testing, DMV and criminal background checks. I further understand the company also performs medical examinations, post-accident, random, and for cause drug testing throughout the course of employment in accordance to state and federal law.
4. I understand that if employed, policies and procedures, in whole or in part may be revised, at any time and that I have an obligation to remain informed and seek clarification to the best of my ability.
5. I understand that all property, personal or otherwise on Cornerstone premises, is subject to search at any time, with or without notice.
6. I understand that this application will be active for the position I applied for only, after which time I have to reapply in accordance with established company procedures.

Authorization and Request for Reference Information

I have applied for a position with Cornerstone Support Services, Inc. I authorize all of my current and former employers to provide reference information, including my job performance, my work record and attendance, the reason(s) for my leaving, my eligibility for rehire and my suitability for the position I am now seeking. I encourage my personal references, current and former employers to provide complete responses to requests for information, including information which is believed to be true but not documented. I realize some information may be complimentary and some may be critical.

I promise I will not bring any legal claims or actions against my personal references, current or former employers due to their responses to job reference requests. I realize there is also a State statute which provides my employers with certain protections from such claims. I realize no one is required to give a reference, so I make this commitment to encourage the free exchange of reference information.

I completed this application myself. I signed this release voluntarily and was not required to do so as part of the application process.

Applicant's Full Name(s)

Applicant's Signature