COMMUNITY LIVING SERVICES, INC.

1001 28th STREET SOUTH | FARGO, ND 58103 | 701-232-3133

TYPE OR PRINT CLEARLY IN INK – ALL QUESTIONS MUST BE COMPLETED

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| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name: | | | |  | | | |  | First Name: | | | | | | |  | | | | | | | | | | |  | Middle Name: | | | | | |  | |  |
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| List All Other Names (maiden name, etc.): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Street Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| City: | |  | | | | | | | | | | | |  | | State: | | |  | |  | | Zip Code: | | |  | | | | | | | | | |  |
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| Email Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |
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| Phone Number: | | | | | (   )     - | |  | Cell Phone Number: | | | | | | | | | | | | (   )    - | | | | | | |  | | | | | | | | |  |
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| Have you ever applied to CLS before? | | | | | | | | | | Yes | | | | | | | No | | | | | | If Yes, when? | | | | | |  | | | | | | |  |
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| Have you ever been employed by CLS? | | | | | | | | | | | Yes | | | | | | No | | | | | | If Yes, when? | | | | | |  | | | | | | |  |
| Shifts available for: Early mornings:  Days:  Evenings:  . Awake overnights:  Asleep Overnights:  Weekends: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (every other weekend required) | | | | | | |  |
| Type of work you’ll accept: FT:  Do you have any certifications? | | | | | | | (35+)  CNA | | | | | | | | PT | | | LPN | | | |  | | DD Certified | | | | | | |  | |  | |  |  |
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| HOW YOU WERE REFERRED TO CLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employee – Name of person who referred you: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| Client or Family who referred you: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Other: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| REASON FOR APPLYING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please tell us why you are interested in applying at CLS: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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|  | What qualities do you possess that would make you an ideal candidate to work at CLS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| MILITARY SERVICE RECORD | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Have you ever served in the U.S. Armed Forces? | | | | | | | | Yes | No |  | | | | | | | | | |  |
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| EDUCATION | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Name & Address | | | | | | Last Year Completed | | | | Did You Graduate? | | | | | | Course of Study | | |  |
|  | | High School  (GED) |  |  | | | |  |  |  | |  |  |  | | | |  |  |  | |  |
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|  | | College |  |  | | | |  |  |  | |  |  |  | | | |  |  |  | |  |
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| College | | |  |  | | | |  |  |  | |  |  |  | | | |  |  |  | |  |
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| EMPLOYMENT REFERENCES | | | | | | | | | | | | | | | | | | | | | | |
| Please list the name, address and phone number of three work-related references (excluding relatives) who have specific knowledge of your skills, qualifications, and abilities to perform in the position you are applying for. If you have no work history, list instructors or character references. | | | | | | | | | | | | | | | | | | | | | | |
|  | NAME | | | | | ADDRESS & PHONE NUMBER | | | | | | | | | | RELATION TO THEM | | | | | | |
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| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | | | | | | |
|  | | Indicate reasons for gaps in employment: | | | | | | | |  | | | | | | | | |  | |
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| List Most Recent Position First | | | | | | | | | | | | | | | | | | | | |
|  | | Business Name: | | | | |  | | Street Address: | | |  |  | Telephone (required): | |  |  | Supervisor: |  | |
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|  | | Employment Dates: | | |  | |  | | City, State, & Zip: | | |  |  | Position Held: | |  |  | Ending Salary: |  | |
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|  | | Job Duties: |  | | | | | | | | | | | | | | | | |  |
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|  | | Reason For Leaving: | |  | | | | | | | | | | | | | | |  | |
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|  | | Business Name: | | |  |  | | Street Address: | | |  | |  | Telephone (required): |  | |  | Supervisor: |  | |
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|  | | Employment Dates: | | |  |  | | City, State, & Zip: | | |  | |  | Position Held: |  | |  | Ending Salary: |  | |
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|  | | Job Duties: |  | | | | | | | | | | | | | | | |  | |
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|  | | Reason For Leaving: | |  | | | | | | | | | | | | | | |  | |
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|  | | Business Name: | | |  |  | | Street Address: | | |  | |  | Telephone (required): |  | |  | Supervisor: |  | |
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|  | | Employment Dates: | | |  |  | | City, State, & Zip: | | |  | |  | Position Held: |  | |  | Ending Salary: |  | |
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|  | | Job Duties: |  | | | | | | | | | | | | | | | |  | |
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|  | | Reason For Leaving: | |  | | | | | | | | | | | | | | |  | |
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|  | | Business Name: | | |  |  | | Street Address: | | |  | |  | Telephone (required): |  | |  | Supervisor: |  | |
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|  | | Employment Dates: | | |  |  | | City, State, & Zip: | | |  | |  | Position Held: |  | |  | Ending Salary: |  | |
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|  | | Job Duties: |  | | | | | | | | | | | | | | | |  | |
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|  | | Reason For Leaving: | |  | | | | | | | | | | | | | | |  | |
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| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | | | | | |
|  | **READ THIS INFORMATION CAREFULLY BEFORE ANSWERING THE FOLLOWING QUESTIONS:** The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The following information is needed for the position for which you are applying for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity. | | | | | | | | | | | | | | | | | |  |
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|  | Are you age 18 or older? | | | | | Yes | | No | | | | Employment is subject to verification of minimum legal age. | | | | | | |  |
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|  | Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer | | | | | | | | | | | | | | | | | |  |
|  | only? | | | | | | | | | | | | | | | | | |  |
|  | All Employers | | | | | | Current Employer Only | | | | | | | | | |  | |  |
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|  | Have you ever been convicted of a felony? | | | | | | | | | | Yes | | | No | | | | |  |
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|  | If “Yes”, give date(s): | | |  | | | | | | | | | | | | | | |  |
|  | Offences: | | |  | | | | | | | | | | | | | | |  |
|  | And Disposition: | | |  | | | | | | | | | | | | | | |  |
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|  | *A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and to the extent permitted by applicable law.* | | | | | | | | | | | | | | | | | |  |
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|  | Are you able to perform the duties of the position with or without special accommodation? | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |
|  | | With special accommodation | | | | | | | Without special accommodation | | | | | | | | | |  |
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|  | Do you have a current driver’s license? | | | | | | | | | Yes | | | No | | | | | |  |
|  | Do you have a clear driving record? Yes  No  D | | | | | | | | | | | | | | | | | |  |
|  | If “No”, please explain: | | | |  | | | | | | | | | | | | | |  |
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| PRE-EMPLOYMENT STATEMENT | | | | | | | | | | | | | | | | | | | |
|  | I understand and agree that:  1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination.  2. Any offer of employment I may receive from CLS is contingent upon my successful completion of the company’s pre-employment screening process, including receiving references that it considers satisfactory.  3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, **I may be required to submit to an alcohol or drug screening at any time at the discretion of CLS.** I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to CLS. | | | | | | | | | | | | | | | | | |  |
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|  | **Signature:** | |  | | | | | | | | | | | |  | **Date:** | |  |  |
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