

**Hillcroft Services, Inc.**  
114 E. Streeter  
Muncie, IN 47303  
Phone: 765-284-4166 Fax: 765-287-9547  
**Application for At-Will Employment**

*We provide innovative services and supports for People with disabilities and their families, resulting in extraordinary differences in People's lives...*

- Hillcroft Services will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

**I. IDENTIFYING INFORMATION:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Area Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Have you ever been employed here before?  Yes  No

Do you have any friends or relatives employed by Hillcroft? If yes, give names. \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ at phone number \_\_\_\_\_

**II. FORMAL EDUCATION & TRAINING:**

Check highest education completed:  GED  HS  Associate Degree  College degree

List any additional education/training, including vocational, professional or other training in addition to the above; such as CPR, First Aid, computer training, CNA courses, etc..

**III. EMPLOYMENT HISTORY:** *Please transfer this information to the enclosed "Reference" sheets starting with your most recent employment. There are 3 employment reference releases and 2 personal reference releases. Please complete all releases, designating whether it is an employment or personal reference.*

Do we have your permission to contact your current employer? If no, please explain: \_\_\_\_\_

Have you ever been discharged, permitted to resign rather than be discharged or asked to resign from any position?

Yes  No If yes, please state the employer and the reason for the discharge or resignation.

**Most recent employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
 Reason for Leaving:     Discharge     Voluntarily Resigned     Involuntarily Resigned  
                                   Elimination of position or layoff     Moved away  
                                   Other \_\_\_\_\_  
 Type of work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Next recent employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
 Reason for Leaving:     Discharge     Voluntarily Resigned     Involuntarily Resigned  
                                   Elimination of position or layoff     Moved away  
                                   Other \_\_\_\_\_  
 Type of work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Next recent employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
 Reason for Leaving:     Discharge     Voluntarily Resigned     Involuntarily Resigned  
                                   Elimination of position or layoff     Moved away  
                                   Other \_\_\_\_\_  
 Type of work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Comments: Include explanation of any gaps in employment: \_\_\_\_\_

**IV. PERSONAL REFERENCES:** *Please do not use family members. Complete enclosed reference sheets*

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Years Known \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Years Known \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**V. BACKGROUND EXPERIENCES:** In the spaces provided, describe any background experiences related to the position(s) you are applying for.

*Special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service.*

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*Specific skills or office machine, tools, machinery or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying.*

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**VI. JOB RELATED SKILLS/INFORMATION:** *The following information is for screening purposes only. This information will not affect hiring decision unless position required. Please complete.*

- a. Type of employment desired.     Full time    Part time    Temporary    Program sub
- b. Areas of interest:     Residential    Production    Clerical    Janitorial    Accounting  
 ABA Clinic    Therapies    Community Based    Other: \_\_\_\_\_
- c. Are you available to work overtime as necessary?     YES    NO
- d. Are you available to work weekends if required?     YES    NO
- e. Are you available to work any shift?     YES    NO
- f. Are you currently bound by a non-competition agreement?     YES    NO
- g. Have you ever been warned, disciplined or discharged for sexual harassment, fighting, assault or related offenses?     YES    NO
- h. Do you have a valid driver’s license?     YES    NO
- i. Are you able to provide proof that you are an insurable driver?     YES    NO
- j. As part of our company policy, it is standard procedure to perform National, State and County criminal background checks on someone we are considering for employment. Would you object to such a procedure?     YES    NO
- k. It is also standard policy to conduct background checks in the areas of Medicaid fraud, drivers record, CNA registry, sexual offenders registry, child abuse registry (for those working with under 18). Would you object to such a procedure?     YES    NO
- l. Are you legally entitled to work in the United States?    YES    NO   If hired, verification will be required by law.

**VII. ALIGNING VALUES/EMPLOYMENT QUESTIONNAIRE -** *Choosing one of the following values of this organization, please write a brief description of what that value means to you on a personal level. Mark the one you have chosen to write about.*

- Leadership** – we stand out in what we do, never being satisfied with simply doing
  - Integrity** – we treat everyone with the respect and dignity they deserve.
  - Professionalism** – we do our best because it matters how people perceive us and shows how we feel about ourselves.
  - Innovation** – we know tomorrow’s challenges require new thinking.
  - Trustworthy** – we believe in people and rely on each other.
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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's age, race, creed, color, religion, individuals with disabilities, national origin, sex, sexual orientation, genetic information, marital status or family responsibilities and equally to disabled veterans and veterans of the Vietnam era. Questions directly or indirectly reflecting such status have been included *only* where needed to determine a bona fide occupational qualification. Such questions are appropriately noted on the application. Notwithstanding these efforts, this agency does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

If hired, I agree to abide by all of the agency rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the agency or me. I further understand that no representation, whether oral or written by any representative of the agency, at any time, can constitute a contract of employment. I understand that the agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No agent of the agency has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or their designee.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that misrepresentation or the purposeful omission of facts called for on this application is reason to disqualify me from further consideration and is grounds for termination if such items are a business necessity.

**I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must sign to be valid)

**This application will NOT be considered active after 90 days  
DO NOT WRITE BELOW THIS LINE**

*Date cleared for hire by HR department:* \_\_\_\_\_ *for the position of* \_\_\_\_\_

Reviewed & cleared by VP of HR  Date: \_\_\_\_\_

\_\_\_\_\_  
Recommended by/Name Title Date

\_\_\_\_\_  
Recommended by/Name Title Date

\_\_\_\_\_  
Recommended by/Name Title Date

**Approved by:** \_\_\_\_\_, President/CEO Date \_\_\_\_\_