

Hillcroft Services, Inc.
114 E. Streeter
Muncie, IN 47303
Phone: 765-284-4166 Fax: 765-587-5225
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 & relationship _____

How did you hear about Hillcroft? _____

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 such as CPR, First Aid, computer training, CNA courses, etc..

III. EMPLOYMENT HISTORY: *There are 3 employment reference releases and 2 personal reference releases. You will be required to complete the needed information on the reference sheets.*

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: _____

Telephone: () _____ Supervisor Name: _____

Position: _____

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: _____

Telephone: () _____ Supervisor Name: _____

Position: _____

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: _____

Telephone: () _____ Supervisor Name: _____

Position: _____

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: _____

Include explanation of any gaps in employment: _____

IV. PERSONAL REFERENCES: *Please do not use family members.*

Name: _____ Telephone: () _____ Years Known _____

Name: _____ Telephone: () _____ Years Known _____

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.

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 Production Program sub
- b. Areas of interest: Residential Production Janitorial
 ABA Clinic/Therapist Therapy Programs Facility & Community Based Program
 Warehousing Truck Driver (must be 21) Transportation Driver (must be 21) Management
 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.

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 _____