



APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, THE PEOPLE'S DAY SERVICES, LLC does not discriminate against applicants or employer or sub-contractors because of their age, race, color, religion, national origin, sex (except where sex is a bona-fide occupational qualification) or on any other basis prohibited by law. Furthermore, PDS, LLC will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by PDS, LLC for the job.

PLEASE PRINT CLEARLY			TODAYS'S DATE
NAME (Last)	(First)	(Middle)	
CURRENT ADDRESS: (Street)	(City)	(State)	(Zip-Code)
RESIDENT ADDRESS: (Street) <small>(If different from above)</small>	(City)	(State)	(Zip-Code)
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, STATE YOUR DATE OF BIRTH : _____			
DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____			
SOCIAL SECURITY NUMBER: _____			
HOME PHONE: _____			
CELL PHONE: _____			
EMAIL ADDRESS: _____			

TYPE OF POSITION DESIRED			
<input type="checkbox"/> Program Manager	<input type="checkbox"/> Day Program Counselor	<input type="checkbox"/> HR / Office Staff	<input type="checkbox"/> Accounts/Payroll
<input type="checkbox"/> SLS Facilitator	<input type="checkbox"/> Community Connector	<input type="checkbox"/> HH / Respite Provider	<input type="checkbox"/> Repair/Maintenance
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SUMMER	RATE EXPECTED/HR
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> OTHER: _____		
WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT AREA? _____	WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN CAN YOU START?

HOURS OF AVAILABILITY							
	SUN.	MON.	TUE.	WED.	THR.	FRI.	SAT.
7 AM—3 PM							
3 PM—11 PM							
11 PM—7 AM							

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? YES NO

IF YES EXPLAIN	WHERE	WHEN	CHARGED	SENTENCE

(Disclosure of a criminal record will not necessarily disqualify you for an opportunity. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. In addition, all applicants shall be subjected to an FBI criminal background check.

RECORD OF EDUCATION

NAME & ADDRESS OF SCHOOL / COLLEGE / UNIVERSITY	YEARS OF ATTENDANCE FROM MO/YR TO MO/YR	DID YOU GRADUATE	CERTIFICATE / TYPE OF DEGREE
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE SCHOOL			
OTHER			

JOB HISTORY

List *names* of employers in consecutive order with present or last employer listed first Account for all periods of time including military service and any periods of unemployment If self-employed

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name (s)? Yes No

If yes give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain _____

REFERENCES

Give three references, not relatives or former employees

	NAME	ADDRESS	PHONE
1			
2			
3			

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer or past employers, and organization to provide relevant information and opinion that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and or post-employment drug screening as a condition of employment if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a completion pre-employment physical examination, I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION, BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for six months, please call back after six months to reactivate it.

BACKGROUND SCREENING NOTIFICATION & AUTHORIZATION FORM

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for employment with Peoples Day Services.

Applicant Information *(Complete the following information as accurately as possible. Please Print or Type)*

Last Name		First Name	Middle Name
Social Security Number	Date of Birth	Previous Names <i>(maiden/marriage, etc)</i> Date Changed:	
Driver's License Number	State of Issue	Date Changed:	

Address History *(List up to past 7 years beginning with your current address, include city, country, postal code and dates of residence.)*

Address #1			
Date From:		Date To:	
Street Address		City	State Zip
Address #2			
Date From:		Date To:	
Street Address		City	State Zip
Address #3			
Date From:		Date To:	
Street Address		City	State Zip

BACKGROUND SCREENING AUTHORIZATION

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

ELECTRONIC SIGNATURES

I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

Applicant Signature: _____ **Date:** _____

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