

EMPLOYMENT APPLICATION

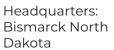
FIRST NAME	MIDDLE	LA	ST NAME	DATE TODAY		
STREET ADDRESS						
CITY, STATE, ZIP				HOME PHONE		
EMAIL ADDRESS				CELL PHONE		
POSITION DESIRED				SALARY EXPECTED		
I AM AUTHORIZED TO	WORK IN THE UNITED STATES:	'ES NO				
DO YOU HAVE A VALID	D DRIVER'S LICENSE? YES			ON WHAT DATE CAN YOU		
CTATE				BEGIN?		
STATE						
HAS YOUR DRIVER'S L	ICENSE EVER BEEN REVOKED? Y	ES NO				
ADE VOLLAVALIADLE T	FO MODE FULL TIME DAD	T TIME	TEN 4DOD A D	CAN YOU TRAVEL FOR WORK IF NEEDED?		
ARE YOU AVAILABLE T	TO WORK FULL TIME PAR	T TIME FULL TIME	TEMPORAR	YES NO		
Please check which d	lays and shifts you are available t	o work:				
DAY OF THE WEEK	1st SHIFT 2nd SHIFT			3RD SHIFT		
MONDAY	8:00 AM TO 4:00 PM	4:00 PM TO 12:00 AM (MII	ONIGHT)	12:00 AM TO 8:00 AM		
MONDAY TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
EMERGENCY CONTACT N	NAME:		RELA	TIONSHIP?		
EMERGENCY CONTACT TELEPHONE:						
DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT						
REASONABLE ACCOMMO	ODATION?			YES NO		
Have you ever gone by a name other than the one listed above? Yes No If yes, please list here.						
HAVE YOU EVER BEEN CO	ONVICTED OF A CRIME? IF YES, PLEASE	EXPLAIN AND INCLUDE DATES:		YES NO		
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES NO						
IF YES, PLEASE EXPLAIN AND INCLUDE DATES:						
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU NOW HOLD :						
DSP	LCSW	CAN	OTHER:	(List Here)		
CRMA	LCPC	LPN		,		
CPR/FIRST AID	MSW	RN				
CPI	LADC	MHRT				



IF NO, PLEASE EXPLAIN WHY:

EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION		COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?		
HIGH SCHOOL							
COLLEGE							
GRADUATE							
BUSINESS/TRADE TECHNICAL							
TECHNICAL							
	EMPLOYM	IENT H	ISTORY				
COMPANY, AGENCY N	IAME	TELEPH	HONE				
ADDRESS		EMPLO	DYMENT DATES				
				ТО			
JOB TITLE		WEEKL	Y PAY				
SUPRVISOR	SUPRVISOR		REASON FOR LEAVING				
MAY WE CONTACT TO	HIS EMPLOYER? YES NO						
IF NO, PLEASE EXPLAI	N WHY:						
COMPANY,AGENCY N	IAME	TELEPH	HONE				
ADDRESS		EMPLO	DYMENT DATES				
		FROM		ТО			
JOB TITLE		WEEKL	Y PAY				
SUPRVISOR		REASO	N FOR LEAVING				
MAY WE CONTACT TI	HIS EMPLOYER? YES NO						
IF NO, PLEASE EXPLAI	N WHY:						
COMPANY, AGENCY N	NAME	TELEPH	HONE				
•							
ADDRESS		EMPLO	DYMENT DATES				
		FROM		ТО			
JOB TITLE		WEEKL	Y PAY				
SUPRVISOR		REASO	N FOR LEAVING				
MAY WE CONTACT TI	HIS EMPLOYER? YES NO	_					





MILITARY HISTORY

Did you serve in the US Armed Forces?	Yes	No	If yes, in which branch?	
Describe any military training you received that you believe would be pertinent to the position for which you are applying.				

REFERENCES

Name	Telephone		

EQUAL OPPORTUNITY EMPLOYER

BAHO Residential Care LLC is an equal opportunity employer and is committed to providing equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, age, national origin, mental and physical disability, veteran or family status, genetic information, or any other status or condition protected by applicable federal, state, or local laws, except where a bona fide occupational qualification applies.

BACKGROUND CHECK INFORMATION

(BRC) conducts background checks on all employees to ensure the safety and well-being of our clients and maintain a secure working environment. Background information is obtained from relevant authorities, including but not limited to the State Bureau of Investigation, the Department of Health & Human Services, and the Bureau of Motor Vehicles. If an applicant has resided in states other than our primary location, BRC reserves the right to conduct appropriate out-of-state background checks.

Applicants acknowledge that any information revealed in these checks that pertains to incidents in their past, affecting their ability to work with consumers/clients, staff, or the operation of the program, may be grounds for rejecting the application or immediate termination if already employed.

I, the undersigned applicant, affirm that the information provided in this application for employment is true, correct, and complete. I understand that providing false, incomplete, omitted, or misrepresented information may result in the rejection of my application or termination if discovered after employment.

I authorize BRC to contact and obtain information from previous employers, educational institutions, and references I have provided, as well as any other party necessary to verify the accuracy of the information disclosed in this application or related documents.

This application is not an employment agreement. If I accept an offer of employment from BRC, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with BRC is of an "at-will" nature. My employment is at the will of the employer, and either BRC or I may terminate the employment relationship at any time, with or without cause and without prior notice, unless required by law.

I understand that no one, other than the managing director of the agency, has the authority to enter into any employment agreement with terms contrary to the foregoing, and then only in writing signed by the managing director. I fully understand and accept all terms and conditions of the above statement.

APPLICANT'S SIGNATURE	DAT	'E