

Dream Big, Set Goals and Take Action

Destination Independence, LLC
Dignity • Care • Integrity • Independence



For employment consideration with Destination Independence, LLC

INSTRUCTIONS: Please fill out application completely. Resumes may be attached but may not be used in lieu of requested information. Individuals who do not meet the established written qualifications for the specific opening applied for will not be considered an applicant or for employment.

GENERAL INFORMATION
(Please print – use blue or black ink)

Last Name First Name M.I. Last four of Social Security # Today's Date

Street Address Home Phone

City State Zip Work/2nd No.

_____ Years at Present Address. If less than 6 years, give previous address.

Street Address Email address _____

City State Zip _____ Years at Previous Address

Upon employment, can you provide verification of your eligibility to work in the United States? Yes No

Have you ever plead guilty to, no contest to, or been convicted of a felony? Yes No

Have you ever plead guilty to, no contest to, or been convicted of a misdemeanor (except for minor traffic violations) within the last five (5) years? Yes No

(Applicant has the right to not disclose a conviction that is a "sealed record" or has been "expunged" under applicable law.)

If you answered Yes to any of the above, please list the type of criminal offense(s), date(s), courts(s), location(s) and disposition(s).

(Conviction does not necessarily bar employment)

Do you meet the minimum age requirements to work in the state in which you would be employed? Yes No

How were you referred to us? (circle one) Walk In / Newspaper Ad / Agency / Friend / Relative / Internet / Other

Name of publication / Agency / Friend / Relative: _____

Have you ever applied / interviewed / been employed with Destination Independence, LLC before? Yes No

If yes, when? _____ Position Held: _____

Are you related to any Destination Independence, LLC employees? Yes No

If yes, who? _____ Relationship? _____

For purposes of verifying previous employment, have you ever worked under any other name(s) (including nicknames)?

If yes, please specify _____

EMPLOYMENT REFERENCES

Position applying for (must apply for a specific open (position) _____

Minimum salary desired: _____

Full Time Part Time Shift: Day Evening Night Rotating No Preference

Some positions require overtime, weekend, holiday and after hour, on-call duties. Will you work such a schedule if necessary? Yes No

Are you currently employed? Yes No Date available: _____

Are you willing to relocate? Yes No Area preferred: _____

EMPLOYMENT HISTORY

List in chronological order the last ten (10) years of employment, listing current or most recent position first.

Explain all periods of unemployment under "UNEMPLOYMENT"

May we contact your current Employer or Supervisor? Yes No

Current or Most recent employer _____

Your title/position _____

Street address _____

Supervisor and title _____ Phone _____

City / State / Zip _____

Another Supervisor/Co-worker _____ Phone _____

Business phone _____

Employed from (date) _____ to _____ (date) _____

Department in which you work(ed) _____

Beginning pay _____ Ending pay _____

Responsibilities: _____

Reason for leaving: _____

Current or Most recent employer _____

Your title/position _____

Street address _____

Supervisor and title _____ Phone _____

City / State / Zip _____

Another Supervisor/Co-worker _____ Phone _____

Business phone _____

Employed from (date) _____ to _____ (date) _____

Department in which you work(ed) _____

Beginning pay _____ Ending pay _____

Responsibilities: _____

Reason for leaving: _____

Current or Most recent employer _____

Your title/position _____

Street address _____

Supervisor and title _____ Phone _____

City / State / Zip _____

Another Supervisor/Co-worker _____ Phone _____

Business phone _____

Employed from (date) _____ to _____ (date)

Department in which you work(ed) _____

Beginning pay _____ Ending pay _____

Responsibilities: _____

Reason for leaving: _____

UNEMPLOYMENT

Explain all periods of unemployment of three (3) months or more:

_____ to _____ Reason: _____

_____ to _____ Reason: _____

_____ to _____ Reason: _____

EDUCATION

Name of High School _____ City / State _____

Name used while attending _____ (area code) Phone _____

Did you receive: (circle one if applicable) Diploma GED

Name of Educational Institution _____ City / State _____

Name used while attending _____ (area code) Phone _____

Major Study _____ Degree Achieved _____

Name of Educational Institution _____ City / State _____

Name used while attending _____ (area code) Phone _____

Major Study _____ Degree Achieved _____

MILITARY SERVICE

U. S. Military Service? Yes No

Branch _____ Rank at Discharge _____ Period of Service: From ____/____/____ To ____/____/____

Specify any special skills or training from military service

LICENSES

List Below any relevant licenses or accreditations you have attained:

Professional licenses and certifications Registration, license or certification number State Issued Date Received Date Expires

If the position you are applying for requires operating a vehicle on Company business please provide:

Driver's License Number: _____ State: _____ Expiration Date: _____

SPECIAL SKILLS

Word Processing: Yes No Speed _____ List of software you have worked with: _____
Ten key: By touch By Sight No Experience _____
Data Entry: Yes No Alpha Numeric _____
Typing: Yes No Speed _____ List additional office skills: _____

PROFESSIONAL REFERENCES

List additional job references (excluding relatives) who have personal knowledge of your training, experience, and capabilities.

References should not include any individual already listed as a Supervisor in the Employment History section.

Name and Title	Address	(area code) Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that false, misleading, incomplete or omitted facts on this application or in resumes or other exhibits will result in rejection of the application and/or immediate dismissal from employment, whenever discovered.

I understand that no representative of the Company is authorized to enter into any contract for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or make any agreement to the foregoing with the exception of the Owner of Destination Independence, LLC or their Designated/Authorized Representative and any such commitments must be received in writing to be effective.

If employed, I agree to abide by Destination Independence, LLC rules, policies, and procedures as modified from time to time, including any Drug-Free Workplace policies and Workforce Safety Programs. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that my employment is subject to change in wages, conditions, benefits and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Destination Independence, LLC or myself, without notice and without requirement of cause.

As part of the employment process, I understand that a background check and drug test will be conducted and agree to complete a separate consent and release forms for the Fair Credit Reporting Act and Drug-Free Workplace Program. Additionally, I understand that if employed, Destination Independence, LLC policy manuals, employee handbooks and personnel guidelines and practices will not constitute contracts between the Destination Independence and me.

Signature Date

Destination Independence, LLC is an equal opportunity employer. Qualified applicants will be considered for vacancies without regard to race, color, religion, sex, national origin/citizenship/ancestry, age, disability, covered veteran status, marital status, sexual orientation, gender identity, genetics, and/or any other protected class status.