

The Independent Capacity System, Inc.

Employment Application

1

The Independent Capacity System, Inc (ICS, Inc.) is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of The Independent Capacity System, Inc (ICS, Inc.) to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

POSITION

Date _____ Position Applying For _____

Date Of Hire ___/___/___

Years of Related Experience _____ Date Available _____

PERSONAL

Last Name _____ First _____ Middle _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Alternate Telephone _____ Emergency Number _____

Are you currently involved in any form of drug or alcohol abuse? Yes No DOB ___/___/___

If yes, please describe _____

Is there any reason you would be unable to perform all of the physical duties of the position of which you have applied?

Yes No

If yes, please describe _____

Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain reason(s) _____

Are there foreign languages you can interpret or translate? Yes No Please List _____

Are you lawfully authorized to work in the United States? Yes No

Have you ever committed, been convicted of, plead guilty to, or plead nolo contendere to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? Yes No

If yes, please describe _____

Are you involved in any pending or future malpractice claims? Yes No

If yes, please describe _____

Have you ever worked for with intellectual disabled adults before? Yes No Please List Names _____

The Independent Capacity System, Inc.
Employment Application
PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

2

Name	Address	Business or Position	(Area Code) Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

EDUCATION: Circle highest grade attained. 1 2 3 4 5 6 7 8 9 10 11 12
Did you graduate? Yes No If not, have you passed a GED test? Yes No Indicate where and when GED obtained:

Special Qualifications

Name	City	State	Major Course (Subject)	Last Level Completed	Degree
_____	_____	_____	_____	_____	_____
High School or Preparatory					
College					
Graduate Work					
Business School or Technical School or additional Graduate Work					
Special Qualifications and Skills: (typing, shorthand, foreign language, publications, scholastic honors, etc.)					

Training and Certificate Information

CPR and First Aid Date	Expiration Date
_____	_____
Medication Management	Expiration Date
_____	_____
Behavioral Intervention ex. (TOVA)	Expiration Date
_____	_____

The Independent Capacity System, Inc.

Employment Application

3

EMPLOYMENT HISTORY

EXPERIENCE:

Please describe all paid, military, and applicable voluntary experience starting with the most recent. You should highlight your knowledge, skills, and abilities that best demonstrate your qualifications for the position. This information is essential in evaluating your qualifications and selecting the appropriate applicant for the position. You may list significantly different jobs within the same organization as separate items. If you need additional space, please attach a separate sheet(s) of paper.

May we contact your present supervisor? Yes No

Job Title

Employer

Address

Phone

Type of Business

Immediate Supervisor

Title

Salary (Start) (Finish)

Dates (mo/yr) to(mo/yr)

Full-time Part-time Hours/Week

Duties

No./Titles of employees supervised

Equipment used

Reason for leaving

Licenses (to include driver=s), certificates, or other authorization to practice a trade or profession.

Type License Number Expiration Date Granted by (licensing board)

REFERENCES:

List names, addresses, and relationships of three persons not related to you who know your qualifications:

Name Address Phone Relationship

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

The Independent Capacity System, Inc. Employment Application

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

Present or Last Employer		()	Telephone
Address	City	State	ZIP
Position Held	Start Salary	Ending Salary	
Nature of Duties			
May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			
Immediate Supervisor	Telephone	to	Employed from

Present or Last Employer		()	Telephone
Address	City	State	ZIP
Position Held	Start Salary	Ending Salary	
Nature of Duties			
May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			
Immediate Supervisor	Telephone	to	Employed from

READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by The Independent Capacity System, Inc (ICS, Inc.) and / or will generally result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and The Independent Capacity System, Inc (ICS, Inc.) . If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or The Independent Capacity System, Inc (ICS, Inc.) at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulation of The Independent Capacity System, Inc (ICS, Inc.).

Are you currently under a physician's care or currently taking any medication? Yes No

The Independent Capacity System, Inc.

Employment Application

5

Do you understand that due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis-B Virus (HBV) infection and that The Independent Capacity System, Inc (ICS, Inc.) recommends that you should consider being vaccinated before beginning employment? Yes No

I have received my copy of the The Independent Capacity System, Inc (ICS, Inc.) Handbook and agree to read it and keep it for reference. I understand that this booklet is intended as a guide for personnel policies and benefits, and general information, and that it is not intended to be an inclusive, not a contract for employment.

I further understand that management reserves the right to make changes in these guidelines or in their application as deemed necessary and / or appropriate. I understand that these changes can be made without notice to employee.

I understand I may receive disciplinary action up to and including termination for violating policies and / or procedures contained in this handbook.

EMPLOYEE SIGNATURE

DATE