



Life Opportunities Therapeutic Home Services, LLC

Life Opportunities Therapeutic Home Services, LLC is an Equal Opportunity Employer and fully subscribes to, as well as practices, the principles of Equal Employment Opportunity. Therefore, we do not discriminate on the basis of race, color, religion, sex, national origin, age disability, citizenship, marital status, sexual orientation or any other characteristic protected by law in the recruitment, selection, placement, training, compensation and promotion of our employees.

PERSONAL INFORMATION

NAME: First Middle Initial Last SSN#: - - -

ADDRESS: Street Apt/Suite# City State Zip PHONE#: ()

PREVIOUS ADDRESS: MESSAGE NUMBER ()

Date of Birth: Referred to the Company by:

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been employed by the Company? Yes No If yes, when, where, and what position?

Do you have a friend or relative who is employed by the Company? Yes No If yes, whom?

Have you ever been convicted of any criminal offense (Felony or Misdemeanor) including Drunk Driving, or drug related offenses? Exclude Minor Traffic Violations. Yes No Conviction is not necessarily a bar to employment.

If yes, list conviction(s), date(s), location of court and penalty:

Do you have reliable means of transportation in order to comply with the work schedule of the position for which you are applying? Yes No

Can you after employment submit verification of automobile insurance Yes No

Can you travel overnight if required? Yes No

FOSTER PARENT INFORMATION

Position for which you are seeking Salary Expected: Date Available:

Full-Time OR Part-Time Regular OR Temporary Are there any hours or days you cannot or will not work? Yes No if yes, specify:

(Complete only if the position applied for requires driving a motor vehicle) Do you have a valid Driver's License? Yes No State: Number:

Can you after employment, submit verification of automobile insurance? Yes No

EDUCATION AND SKILLS

Table with 5 columns: Education Level, Name and Address, Years Completed, Diploma/Degree, Major. Rows include High School, College, Graduate School, Trade/Technical School.

List all Skills, Training and Experience that would be helpful in determining your Job Qualifications:

PERSONAL HISTORY AND REFERENCES

Please list all jobs for the past ten years beginning with your present or last employer. Account for all periods of unemployment, self-employment, military service or volunteer work. Use an additional form if necessary. Add personal references if you have less than three prior employers. If you are or have been employed under a maiden or other name, please enter that name in the left margin.

FALSE OR INCOMPLETE INFORMATION IS GROUNDS FOR DISMISSAL May we contact your present employer? Yes No

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire

AFFIRMATIVE ACTION QUESTIONNAIRE

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Applicant Name: _____

Title of job applied for: _____

RACE (circle one)

- (0) White
- (1) Black
- (2) Asian/Pacific Islander
- (3) American Indian/Alaskan Native
- (4) Hispanic

PHYSICAL CONDITION (circle one)

- (1) No Disability
- (2) Physically Disabled (No Facility Modification)
- (3) Physically Disabled (Facility Modification)
- (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Disabled (Learning Disabled)

SEX (circle one)

- Male
- Female

VETEREN/U.S. MILITARY STATUS (circle one)

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service-incurred disability
- (3) Vietnam Era Veteran (08/05/1964 to 05/07/1975)
- (4) Vietnam Era Veteran with service-incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service-incurred disability

ACTIVE NATIONAL GUARD RESERVIST (circle one)

- Yes
- No

INFORMATION ON THIS PAGE IS KEPT CONFIDENTIAL AND WILL NOT BE KEPT IN YOUR PERSONNEL FILE



Life Opportunities Therapeutic Home Services, LLC

LIFE OPPORTUNITIES THERAPEUTIC HOME SERVICES

Reference Form

Personal Reference (2)

Professional Reference (1)

Name of Person Completing Reference: _____

Telephone Number Contact: _____ Date of Reference: _____

Person Reference is being completed for: _____

1. What is the nature of your relationship? _____

2. How long have you known this person? _____

3. Do you think this person would be a good employee? No Yes, If yes explain:

4. Do you know if this person has any mental health issues? No Yes, If yes explain: _____

5. Do you know of any reasons, why this person would not have the ability to care for children? No Yes, If yes explain:

6. Do you know of any reasons, why this person would not provide quality services to the agency? No Yes, If yes explain:

7. Why would you recommend this person to be a Foster Parent?

Verified By: Telephone Contact

Person Verifying Reference: _____

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