Community Support Services, Inc.

14292 E. Evans Avenue Aurora, CO 80014 Phone: 720-870-3712

Fax: 720-870-3743

Please visit our website: www.cssicreates.org



Providing Services and Supports to People with Developmental Disabilities Since 1990

Application for Employment

How did you hear about CSSI?: Family______Friend____Other____

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

questions. Use l back of applicat	blank paper if yo ion. In reading a	ou do not have enou	ugh room on this ollowing questio	application. PI ns, be aware th	tion until you have ans LEASE PRINT, except at none of the questio	t for signat	
Job Applied for_				Today's	Date		
Are you seeking	ı: Full-time 🗌	Part-time	Temporary	employment?			
When could you	start work?						
GENERAL							
	Last Name	First Name	Middle Name	Telephone Nun	nber Email Addres	SS	_
	Present Stree	et Address	City	State	Zip Code		_
		ars of age or older?. I are hired, you may b			Ye	:s 🗌 N	No 🗌
	Have you ever	applied here before	e? Yes 🗌	No 🗌	If yes, when?		-
	Were you ever	employed here?	Yes	No 🗌	If yes, when?		-
	How did you le	arn of the Company	y?				
	If referral, who	were you referred b	oy?				
	If employed, do or employment	o you expect to be e coutside of our job?	engaged in any a	additional busin	ess Yes	_{No} □	
	If yes,	give details					-

EDUCATION

		List Name and Address of Oaksala	Number of Years Completed	Diploma/ Degree/ Certificate	
	High School or GED	List Name and Address of Schools	Completed	Certificate	
	College or				
	University				
	Subjects Studied				
	Vocational or Technical				
	Subjects Studied				
SPECIAL SKI	LLS				
	for wh —— What	skills or additional training do you have that are related to the nich you are applying? machines or equipment can you operate that are related to nich you are applying?	the job		
	For Driving Jobs Only: Do you have a valid driver's license? Yes No				
	Driver's License NumberClass of LicenseState Licensed In Have you had your driver's license suspended or revoked in the last 3 years?				
If yes, give details:					
	List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)				
	_				



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, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and Telephone of Employer	Employed From (mo/yr) To(mo/yr)	Reason for leaving	
Community Support Services, Inc. 14292 E Evans Ave	Duties		
		Supervisor(s)	
Title			
Name, Address and Telephone of Employer	Employed From (mo/yr) To(mo/yr)	Reason for leaving	
	Duties		
		Supervisor(s)	
Title			
Title			
Name, Address and Telephone of Employer	Employed From (mo/yr) To(mo/yr)	Reason for leaving	
	Duties		
		Supervisor(s)	
Title			
		I	
Name, Address and Telephone of Employer	Employed From (mo/yr) To(mo/yr)	Reason for leaving	
	Duties		
		Supervisor(s)	
Title			

REFERENCES

	Have you worked or attended school under any other names?					
	Are you presently employed?	Yes No				
	Have you ever been fired from a job or asked to resign?					
	Give three references, not relatives or former employers.					
Naı	me Relationship Address	Phone				
	AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I un false information or omission may disqualify me from further consideration for employment as					
	dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also author or not, any person, school, current employer, past employers, and organizations to provide releand opinions that may be useful in making a hiring decision. I release such persons and organilegal liability in making such statements.	evant information				
	I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.					
	I understand that if I am extended an offer of employment it may be conditioned upon my succomplete pre-employment physical examination. I consent to the release of any or all medical 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, EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EIGUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOSPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT TEMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WAND WITH OR WITHOUT NOTICE.	MPLOYMENT NOR RESIDENT OF THE DYMENT FOR ANY E PRESIDENT AND THE WILL OF THE				
	I have read, understand, and by my signature consent to these statements.					
	Signature: Date:					

This application for employment will remain active for a limited time. Ask the organization's representative for details.