

# Monolia's Care & Consulting Services, LLC

contact@monolias.com

Phone: 336-744-4916

## Application for Employment

We consider applicants for all positions on the basis of qualifications and without regard to race, color, national origin, citizenship, religion, sex, age, disability, genetic information/history, military status.

This application will be considered active for 60 days from the date it is submitted.  
Consideration for employment after 60 days requires a new application.

Date of Application: \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

I can work (check all that apply):  Full-time  Part-time  Nights  Weekends

When are you available to begin work? \_\_\_\_\_

### I. Personal Information

Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_

If your records are listed under another name, provide name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

If hired, you will be required to provide proof of identify and eligibility to legally work in the U.S.

Are you at least 18 years old?  Yes  No

Have you ever worked here before?  Yes  No

If yes, when? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

During the last seven years, have you ever been convicted of a felony?  Yes  No

If yes, please explain:

\_\_\_\_\_

Please read the position description before answering the following question. Can you perform the essential functions of the position(s) for which you are applying with or without a reasonable accommodation, where applicable?  Yes  No

## II. Work Record

Please provide the requested employment information, starting with your most current position.

Name of Employer:		Supervisor's Name/Title:	
Full Address/Phone Number of Employer:			
Position(s) Held:		Dates Employed/Reason for Leaving:	
Describe the Work Performed:			
Starting Salary	\$	Ending Salary	\$

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

Name of Employer:		Supervisor's Name/Title:	
Full Address/Phone Number of Employer:			
Position(s) Held:		Dates Employed/Reason for Leaving:	
Describe the Work Performed:			
Starting Salary	\$	Ending Salary	\$

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

Name of Employer:		Supervisor's Name/Title:	
Full Address/Phone Number of Employer:			
Position(s) Held:		Dates Employed/Reason for Leaving:	
Describe the Work Performed:			
Starting Salary	\$	Ending Salary	\$

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

### III. Education

Please identify the education or training which you believe qualifies you for the position you are seeking. (Please read the position description before providing this information.)

High School or GED:	City/State:	Diploma or GED Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the highest grade completed?
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):
Related Training:	Where taken:	Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Topics Studied:

Please review the position description before answering this question. List any other knowledge, skills, or traits not previously mentioned that would help you to perform the essential functions of this position:

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#### IV. References

If you have not provided at least three employer references in Section II, please provide three references (other than relatives) that you have known for at least three years. Do not repeat your employer references here. You may include others with whom you have worked.

Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):

I understand that, by accepting this application, Monolia's Care & Consulting Services, LLC is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at-will, which means that Monolia's Care & Consulting Services, LLC and/or I can end the employment relationship at any time with or without notice or cause, consistent with applicable law.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statement or important omission of fact on either this application or during the pre-employment process will result in my application being rejected or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned upon the verification of my information. I authorize Monolia's Care & Consulting Services, LLC to verify any and all information provided on this application and/or during the pre-employment process and I will, upon request, sign other necessary consent forms. I hereby release Monolia's Care & Consulting Services, LLC, and those who provide information about me, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and/or having an employment decision based on, such information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_