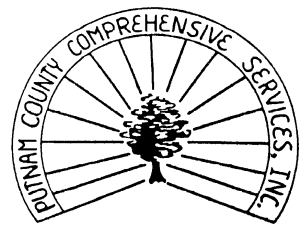


Please provide your driver's license  
when returning the application so it  
may be copied.

Thank you,  
P.C.C.S.

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.



Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied For \_\_\_\_\_

Expected Pay \_\_\_\_\_ Shift Preferred 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ Any \_\_\_

Would you accept full-time?      Yes              No  
 Would you accept part-time?      Yes              No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before?    Yes    No    Date \_\_\_\_\_

Are you eligible for employment in the U.S.? Yes      No  
 (If yes, proof is required)

Are you of legal age to work in the U.S.?    Yes      No

Have you ever been convicted of a felony?    Yes      No  
 If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license?      Yes      No  
 Have you ever gone by a previous name or alias?    Yes      No  
 (If Yes, list other name) \_\_\_\_\_

Have you ever been excluded from providing Medicaid Services?    Yes    No  
 Do you have valid auto insurance?      Yes      No  
 Do you have any lifting restrictions?      Yes      No  
 If yes, please explain: \_\_\_\_\_

Please list any special skills or training (language, machine operation, ect.) that would be of special benefit in the job for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School	Address	Course of Study	Did you graduate?		Degree
			Yes	No	
			Yes	No	
			Yes	No	

For Office Use Only

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

Position: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYEE REFERENCES

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Ending Salary \_\_\_\_\_
  
2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Ending Salary \_\_\_\_\_
  
3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Ending Salary \_\_\_\_\_

## PERSONAL REFERENCES

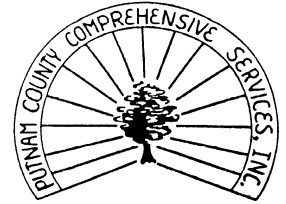
(OTHER THAN FAMILY MEMBERS OR PREVIOUS EMPLOYERS)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of benefits and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the forgoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

630 Tennessee Street, Greencastle IN, 46135  
Phone (765) 653-9763 -- Fax (765)653-3646  
Email: rehab@pccsinc.org



## AUTHORIZE FOR RELEASE OF INFORMATION

I understand that I am applying for a position to work at Putnam County Comprehensive Services, Inc. and acknowledge that the burden of proving my qualifications is at all times upon myself. I further understand that an investigation of my background, character and work history will be completed prior to employment. This authorization is given freely and voluntarily waiving my any disclosure of information under the Privacy Act.

I do hereby authorize a representative from Putnam County Comprehensive Services, Inc. to obtain any and all information relative to my future employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### INFORMATION REQUESTED

Applicants Name: \_\_\_\_\_

Former Name if Applicable: \_\_\_\_\_

1. Was individual employed by your firm? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What was the applicant's job title? \_\_\_\_\_
3. What were the applicant's job duties? \_\_\_\_\_
4. When was the applicant employed by your firm? \_\_\_\_\_ to \_\_\_\_\_
5. What was the applicant's reason for leaving? \_\_\_\_\_
6. Is the applicant eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Was the applicant's honesty or truthfulness ever in question?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Reason: \_\_\_\_\_

8. Was there evidence of drug or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you consider the applicant to be of good character?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Does the applicant work well with people? Yes \_\_\_\_\_ No \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

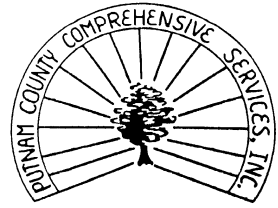
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Of Person Completing Form

\_\_\_\_\_  
Date

630 Tennessee Street, Greencastle IN, 46135  
 Phone (765) 653-9763 -- Fax (765)653-3646  
 Email: rehab@pccsinc.org



**APPLICANT COMPLETE THE FOLLOWING RELEASE AUTHORIZATION**

1. In connection with an application for employment, I understand that an investigation consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my; workers compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. The release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or instance company contacted by Putnam County Comprehensive Services, Inc. representative, to furnish the information requested.

The following information is required by law enforcement agencies and other entities for positive identification purpose when checking public records. It is confidential and will not be used for any other purpose than employment at Punam County Comprehensive Services, Inc.

\_\_\_\_\_  
 Please Print Full Legal Name

\_\_\_\_\_  
 Date

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

Male \_\_\_\_\_ Female \_\_\_\_\_  
 Asian \_\_\_\_\_ Black \_\_\_\_\_  
 White \_\_\_\_\_ Hispanic \_\_\_\_\_  
 Other \_\_\_\_\_

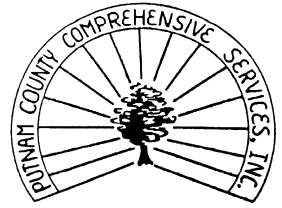
\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Drivers License Number

\_\_\_\_\_  
 State of Issue

630 Tennessee Street, Greencastle IN, 46135  
Phone (765) 653-9763 -- Fax (765)653-3646  
Email: rehab@pccsinc.org



## CRIMINAL HISTORY CHECK/RELEASE FORM

This agency shall request a criminal history form from the Indiana State Police. Based upon these findings, an employee may be terminated. This request is a result of the following federal and state mandates:

Pursuant to the Federal Register W152; "The facility must prohibit the employment of individuals with a conviction of prior employment history of child or client abuse, neglect, or mistreatment":

Also, in compliance with Indiana Governor Evan Bayh's Executive Order 90-5 which addresses the use of illegal drugs and alcohol in the workplace, this agency will comply with that Executive Order 90-5 as defined in the PCCS Personnel Policy Handbook.

\_\_\_\_\_ I hereby give my permission for the release of the findings of the criminal history check to Putnam County Comprehensive Services, Inc.

\_\_\_\_\_ I do not give my permission for Putnam County Comprehensive Services Inc. to request a criminal history check for the Indiana State Police.

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

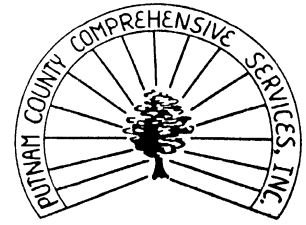
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\*\*Upon employment I understand that this information may be released to sub-contractors of Putnam County Comprehensive Services per our contractual obligations.\*\*

\_\_\_\_\_  
Initials

630 Tennessee Street, Greencastle IN, 46135  
Phone (765) 653-9763 -- Fax (765)653-3646  
Email: rehab@pccsinc.org



### COUNTY BACKGROUND CHECK RELEASE

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please list the counties in which you have resided in the last 3 (three) years:

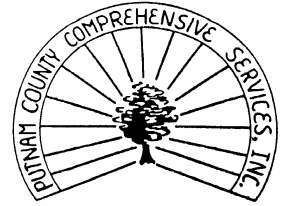
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this release, I hereby authorize Putnam County Comprehensive Services, Inc. to procure criminal history reports about me from time to time, as it deems appropriate.

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

\_\_\_\_\_  
Date

630 Tennessee Street, Greencastle IN, 46135  
Phone (765) 653-9763 -- Fax (765)653-3646  
Email: rehab@pccsinc.org



Job Applicant/Employee Name: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer – Putnam County Comprehensive Services, Inc.  
630 Tennessee Street  
Greencastle, IN 46135

Dear Putnam County Comprehensive Services Inc.,

Consumer reports may be obtained as part of Putnam County Comprehensives evaluation of my job application/employment. The reports may be procured by HBG Insurance and Bonds, and may include my driving record, an assessment of my insurability under Putnam County Comprehensives insurance coverages or other consumer reports.

By signing this disclosure, I hereby authorize Putnam County Comprehensive Services Inc. to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Typed or Printed Name of Applicant/Employee

\_\_\_\_\_  
Date