

**Arion Care Solutions
HCBS Employee Application**

Name: _____ Date: _____

Street Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Home Phone: _____ Other Phone: _____

Email: _____

SSN: _____

Are you over 18? _____ Birthdate: _____

Have you ever been convicted of a felony? YES NO

If yes please explain:

EDUCATION:	School Name	Yrs Completed	Major	Degree
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High School	_____			
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College	_____			
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Other	_____			
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REFERENCES:

Please provide the name and daytime phone number of three references who are not related to you and are not a former employer:

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY:

Company Name: _____ **Supervisor Name:** _____

Address: _____ **Phone:** _____

Date Started: _____ **Date Ended:** _____ **Position:** _____

Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ **Supervisor Name:** _____

Address: _____ **Phone:** _____

Date Started: _____ **Date Ended:** _____ **Position:** _____

Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ **Supervisor Name:** _____

Address: _____ **Phone:** _____

Date Started: _____ **Date Ended:** _____ **Position:** _____

Responsibilities: _____

Reason for Leaving: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision to contract for my services. I understand that false or misleading information given in this application or interview(s) may result in cancellation of my contract. I also understand that I am required to abide by all rules and regulations of Arion Care Solutions, LLC and DES/DDD.

Applicant's Signature: _____ **Date:** _____