

Arion Care Solutions, LLC  
HCBS Employee Application

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Have you been employed by us prior to this? \_\_\_\_\_

If so – when? \_\_\_\_\_ name if different \_\_\_\_\_

Are you over 18? YES NO Birthdate: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

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EDUCATION:	School Name	Yrs Completed	Major	Degree
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

REFERENCES:

Please provide the names and daytime phone numbers of three references who are not related to you and are not a family member

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: \_\_\_\_\_