

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: _____

Preferred method of contact Email Text - Cell phone Carrier _____

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: _____

| EDUCATION: | School Name | Yrs Completed | Major | Degree |
|------------|-------------|---------------|-------|--------|
|------------|-------------|---------------|-------|--------|

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: _____