



400 E Broadway Ave Suite  
307, Bismarck North Dakota  
58501

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## EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE	LAST NAME	DATE TODAY
STREET ADDRESS			
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED			SALARY EXPECTED
I AM AUTHORIZED TO WORK IN THE UNITED STATES: YES NO			
DO YOU HAVE A VALID DRIVER'S LICENSE? YES			ON WHAT DATE CAN YOU BEGIN?
STATE _____			
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES NO			
ARE YOU AVAILABLE TO WORK FULL TIME PART TIME FULL TIME TEMPORARY			CAN YOU TRAVEL FOR WORK IF NEEDED? YES NO

Please check which days and shifts you are available to work:

DAY OF THE WEEK	1 <sup>ST</sup> SHIFT 8:00 AM TO 4:00 PM	2 <sup>ND</sup> SHIFT 4:00 PM TO 12:00 AM (MIDNIGHT)	3 <sup>RD</sup> SHIFT 12:00 AM TO 8:00 AM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

EMERGENCY CONTACT NAME:		RELATIONSHIP?	
EMERGENCY CONTACT TELEPHONE:			
DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO			
Have you ever gone by a name other than the one listed above? Yes No If yes, please list here.			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN AND INCLUDE DATES: YES NO			
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES NO IF YES, PLEASE EXPLAIN AND INCLUDE DATES:			
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU NOW HOLD :			
DSP CRMA CPR/FIRST AID CPI	LCSW LCPC MSW LADC	CAN LPN RN MHRT	OTHER: (List Here)



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## EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUSINESS/TRADE TECHNICAL				

## EMPLOYMENT HISTORY

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, PLEASE EXPLAIN WHY:	

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, PLEASE EXPLAIN WHY:	

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO	
IF NO, PLEASE EXPLAIN WHY:	



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## MILITARY HISTORY

Did you serve in the US Armed Forces? Yes No If yes, in which branch?

Describe any military training you received that you believe would be pertinent to the position for which you are applying.

## REFERENCES

Name	Telephone

## EQUAL OPPORTUNITY EMPLOYER

Access Safe Care, LLC is an equal opportunity employer and is committed to providing equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, age, national origin, mental and physical disability, veteran or family status, genetic information, or any other status or condition protected by applicable federal, state, or local laws, except where a bona fide occupational qualification applies.

## BACKGROUND CHECK INFORMATION

Access Safe Care, LLC (ASC) conducts background checks on all employees to ensure the safety and well-being of our clients and maintain a secure working environment. Background information is obtained from relevant authorities, including but not limited to the State Bureau of Investigation, the Department of Health & Human Services, and the Bureau of Motor Vehicles. If an applicant has resided in states other than our primary location, ASC reserves the right to conduct appropriate out-of-state background checks.

Applicants acknowledge that any information revealed in these checks that pertains to incidents in their past, affecting their ability to work with consumers/clients, staff, or the operation of the program, may be grounds for rejecting the application or immediate termination if already employed.

I, the undersigned applicant, affirm that the information provided in this application for employment is true, correct, and complete. I understand that providing false, incomplete, omitted, or misrepresented information may result in the rejection of my application or termination if discovered after employment.

I authorize ASC to contact and obtain information from previous employers, educational institutions, and references I have provided, as well as any other party necessary to verify the accuracy of the information disclosed in this application or related documents.

This application is not an employment agreement. If I accept an offer of employment from ASC, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ASC is of an "at-will" nature. My employment is at the will of the employer, and either ASC or I may terminate the employment relationship at any time, with or without cause and without prior notice, unless required by law.

**I understand that no one, other than the managing director of the agency, has the authority to enter into any employment agreement with terms contrary to the foregoing, and then only in writing signed by the managing director. I fully understand and accept all terms and conditions of the above statement.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_