

# EMPLOYMENT APPLICATION

Another Option, Inc.  
423-1509 ext. 3219

Form 049

Solana: \_\_\_\_\_

Payroll: \_\_\_\_\_

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

**\*Minimum requirements: 18 years of age, vaccination against COVID-19 and qualifying background check**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  PHONE CALL  E-MAIL

BEST TIME TO REACH YOU:  MORNING: \_\_\_\_\_  AFTERNOON: \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?  YES  NO

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?  YES  NO

HAVE YOU APPLIED HERE BEFORE?  YES  NO WHEN? \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

AVAILABLE START DATE IF HIRED: \_\_\_\_\_ NUMBER OF HOURS DESIRED TO WORK PER WEEK: \_\_\_\_\_

SHIFTS AVAILABLE TO WORK: The hour ranges of our average shifts are listed below (Please check all that apply)

MONDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
TUESDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
WEDNESDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
THURSDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
FRIDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
SATURDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am
SUNDAY	<input type="checkbox"/> Day: 6am – 3pm	<input type="checkbox"/> Swing: 1pm – 10pm	<input type="checkbox"/> Graveyard: 9pm - 8am

**EMPLOYMENT EXPERIENCE:** Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names, which indicate race, color, religion, sex, or national origin

EMPLOYER 1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

I authorize above employer to release information regarding my employment: \_\_\_\_\_

EMPLOYER 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

I authorize above employer to release information regarding my employment: \_\_\_\_\_

EMPLOYER 3: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

I authorize above employer to release information regarding my employment: \_\_\_\_\_

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### EDUCATION

HAVE YOU COMPLETED A HIGH SCHOOL DIPLOMA OR GED?  YES  NO

SCHOOLS/COLLEGES ATTENDED	# YEARS	YR GRAD	DEGREE
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_____	_____	_____	_____
_____	_____	_____	_____

Current Certifications: CPR \_\_\_\_\_ First Aid \_\_\_\_\_ BBP/HIV \_\_\_\_\_

Nurse Delegation \_\_\_\_\_ CNA \_\_\_\_\_ HCA \_\_\_\_\_ NAR \_\_\_\_\_

OTHER TRAININGS YOU HAVE RECEIVED	YR OF TRAINING	EXP OF CERTIFICATION
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_____	_____	_____
_____	_____	_____

SKILLS AND QUALIFICATIONS, YOU WILL BRING TO ANOTHER OPTION INC. TO BETTER THE LIVES OF THE INDIVIDUALS WE SERVE:

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

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT ANOTHER OPTION INC.? \_\_\_\_\_

PERSONAL REFERENCES NOT RELATED TO YOU:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR PERSONNEL DEPARTMENT ONLY

Background Check: Sent \_\_\_\_\_

Results Received \_\_\_\_\_

HR Initials: \_\_\_\_\_

Revised: 05/05/2023