



Guthrie Mainstream Services LLC
Employment Application

Please print legibly

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EDUCATION

Table with 7 columns: Type of School, Name & Address, From: Mo/Yr, To: Mo/Yr, Did you Graduate?, Degree, Major. Rows include High School (GED), College Undergraduate, College Graduate, Other, and another Other row.

POSITIONS APPLIED FOR

Attendant Care: \_\_\_\_\_ Habilitation: \_\_\_\_\_ Respite: \_\_\_\_\_ Administration: \_\_\_\_\_

Habilitation requires at least three (3) months experience in implementing and documenting performance in individual programs or Habilitation training. Please indicate qualifying experience and/or training.

Three horizontal lines for providing habilitation experience details.

Respite requires at least three (3) months experience in providing assistance to an individual to meet personal, physical and emotional needs. Please indicate qualifying experience and duration:

Three horizontal lines for providing respite experience details.

Other Agencies worked for and duration: (If applicable) : \_\_\_\_\_

Three horizontal lines for providing other agency work details.

Application: Page 2 Continued: Name: \_\_\_\_\_

Please print legibly

**EMPLOYMENT HISTORY**

Beginning with your present or most recent employer, please list in order of employment

Name of Employer:	Date of Employment: From: _____ To: _____
Address of Employer/Phone No.:	Supervisor:
Job Title:	Duties:

Name of Employer:	Date of Employment: From: _____ To: _____
Address of Employer/Phone No.:	Supervisor:
Job Title:	Duties:

Upon completion of the Ninety (90) day probationary period, employee may be eligible for Major Medical benefits. Additional benefits include Dental, Legal, Identity Theft and AFLAC. Please contact the Human Resources, Benefits Department for complete details.

In case of emergency, notify: Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Permission is hereby granted to Guthrie Mainstream Services to conduct any necessary and reasonable investigation with respect to statements and other information in this application. I release Guthrie Mainstream Services, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment and character.

I agree to furnish any other information required of me related to my employment and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient grounds for my separation.

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