

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

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

Rec'd by: \_\_\_\_\_

## IN ORDER TO BE EMPLOYED BY MAXCARE, INC., YOU MUST:

*Initial each requirement to ensure you are able to comply.*

\_\_\_ **Be 21 or older**

\_\_\_ **Pass a federal and local background check**  
*(no felonies ,example: domestic violence, theft, assault, drugs, etc.)*

\_\_\_ **Have a valid driver's license**

\_\_\_ **Maintain personal vehicle insurance while employed**

\_\_\_ **No more than 2 moving violations in the last 2 years**

\_\_\_ **Pass a 10ct. drug test**

\_\_\_ **Must have High School Diploma or GED Certificate**

\_\_\_ **Be able to read and write in English**

\_\_\_ **No DWI's/ DUI's in the last 5 years**

*Please note: All references (Personal, professional & employment) will be verified. Please ensure you use correct dates of employment and that salary rates are correct.*

-----**MAXCARE OFFICE USE ONLY**-----

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**Maxcare is an equal opportunity, at will employer.**

Maxcare is an equal opportunity employer and will consider all applicants for positions equally without regard to their race, color, religion, gender, gender identity, sexual orientation, age, national origin, ancestry, disability, or status as a disabled veteran or veteran of the Vietnam era. Maxcare supports the Americans with Disabilities Act and affirmative action. Those applicants requiring reasonable accommodation with the application and/or interview process should notify a representative of the organization.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Position(s) applied for:** \_\_\_\_\_

Maxcare provides services to individuals with developmental disabilities 24 hours a day 7 days a week.

Circle any or all of the following you are willing to work: **The times below may vary.**

<b>Overnights</b> (9pm-9am)	<b>Days</b> (7am-3pm)	<b>Evenings</b> (2pm-9pm)	<b>Weekends</b> (9am-9pm)	<b>Substitute overnights</b> (9pm-9am)	<b>Any Shifts</b>
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**List any specific dates and/or hours you are NOT available:** \_\_\_\_\_

**\*\*\* PLEASE NOTE: Scheduled hours and locations may change to fit client needs. \*\*\***

Who referred you to us? (Person, Agency, Newspaper, Etc.): \_\_\_\_\_ Name: \_\_\_\_\_

Have you ever worked for Maxcare before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a family member or friend that has worked or is currently working for Maxcare? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, do you have work papers? \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch of Service \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_

Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No GED? \_\_\_\_\_

Bus./Trade: \_\_\_\_\_

Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Degree: \_\_\_\_\_

Col./Univ.: \_\_\_\_\_

Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Degree: \_\_\_\_\_

Grad./Prof.: \_\_\_\_\_

Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Degree: \_\_\_\_\_

**PRIOR EMPLOYMENT HISTORY:** (List all work history, in order, last or current employer first) Please account for any gaps in employment. Incomplete applications may not be considered for employment.

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**1) Employer Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment (month/year): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

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**2) Employer Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment (month/year): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

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**3) Employer Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment (month/year): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

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**4) Employer Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment (month/year): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

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\*May we contact the employers listed? If not, indicate below which one(s) you do not wish us to contact and why? \_\_\_\_\_

\*Have you ever worked in this industry in any other capacity (Ex: Volunteer)? \_\_\_\_\_

**REFERENCES:** We **REQUIRE** character references (such as co-workers). Please do not list supervisors that are listed under employment history. Please do **NOT** list relatives. All references listed will be contacted if you are being considered for any position.

Name	Profession	Telephone #	How long have you known each other?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you filed any type of charge or lawsuit against any of your present or past employers?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined for violating company safety rules or regulations?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired, or asked to resign, from a job?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have the ability, with or without reasonable accommodations, to perform the functions required by the job for which you are applying?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**In order to be employed by Maxcare, Inc. you must pass state, local and FBI background checks.**

Have you ever been convicted of a crime or felony? (**Including** driving while under the influence of alcohol or drugs.)  Yes  No Date: \_\_\_\_\_  
If yes, state the offense, location, date and disposition (a conviction will not automatically bar employment): \_\_\_\_\_  
\_\_\_\_\_

Do you currently have a valid New Mexico drivers' license with less than 2 moving violations?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

How long do you anticipate working for Maxcare, Inc.? \_\_\_\_\_

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I hereby authorize Maxcare to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I also hereby release from liability, Maxcare and its representatives for seeking, gathering, and using such information and waive my right to bring any cause of action against them for any hiring decision made based on this information.

I understand that Maxcare is an at will employer. If I am hired, I will be an at-will employee and I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time. I understand that no representative of the company, other than the Executive Director, has any authority to change the terms of my at-will employment status and that such change can occur only in a written employment contract.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

**MAXCARE OFFICE USE ONLY**-----**MAXCARE OFFICE USE ONLY**-----

Applicant Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

**1<sup>st</sup> Interviewer:** \_\_\_\_\_ **1<sup>st</sup> Date Interviewed:** \_\_\_\_\_

**1<sup>st</sup> Interviewer Checklist:**

- Behaviors     Personal Care – including: \_\_\_\_\_
- Job Duties – including: cleaning, cooking, health/safety, transporting, documentation, etc.
- Schedule: Hours & days available \_\_\_\_\_

**2<sup>nd</sup> Interviewer:** \_\_\_\_\_ **2<sup>nd</sup> Date Interviewed:** \_\_\_\_\_

**2<sup>nd</sup> Interviewer Checklist:**

- Benefits for FT employees: At 6 months: Health & Dental through Lovelace and Dental Source, 50/50 split.; 40hrs. paid vacation after 1<sup>st</sup> yr. and 40 hrs. every 6 months; 401K; Profit Sharing; Functional Family Medicine.
- Verify Schedule: Hours & days available \_\_\_\_\_
- Must attend 10 state mandated trainings. Employee will be charged if Maxcare, Inc. is charged for cancelled trainings.
- Fingerprints, HIPPA Manual and training.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired: \_\_\_ Not Hired: \_\_\_ Date applicant was notified: \_\_\_\_\_ Applicant notified by (In person, by phone?): \_\_\_\_\_

Reason for decision: \_\_\_\_\_

Signature and title of person making the hiring decision: \_\_\_\_\_

**MAXCARE – EMPLOYMENT REFERENCE CHECK**

(Applicant please complete each line beginning with 'X')

X Name of Applicant: \_\_\_\_\_  
X Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
X Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
X Final position held: \_\_\_\_\_ Supervisor and Title: \_\_\_\_\_  
X Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
X Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
X Reason for Leaving: \_\_\_\_\_

**\*\*\*\*\* Authorization \*\*\*\*\***

**I authorize you to provide any information you may have regarding my character and performance and release you from any liability for any information given.**

X Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
X Social security number: \_\_\_\_\_

**EMPLOYER USE ONLY**-----

***Employment Evaluation (fax, phone or mail)***

\*Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ \*Salary/ hr. wage: \_\_\_\_\_

\*Eligible for rehire? \_\_\_\_\_ \*Final position held: \_\_\_\_\_

**Rating Scale: 1 – Excellent 2 – Good 3 – Satisfactory 4 – Fair 5 – Unsatisfactory**

Initiative \_\_\_\_\_ Follows Directions \_\_\_\_\_ Cooperation \_\_\_\_\_  
Job Knowledge \_\_\_\_\_ Work Quality \_\_\_\_\_ Attendance \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (former employer) \_\_\_\_\_ Title \_\_\_\_\_

**MAXCARE OFFICE USE ONLY**-----

\*Maxcare representative \_\_\_\_\_ Date: \_\_\_\_\_

\*Spoke to (per phone only) \_\_\_\_\_ Title: \_\_\_\_\_

Left Voice mail for: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed to: \_\_\_\_\_ Date: \_\_\_\_\_

E-mailed to: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> request to: \_\_\_\_\_ Via: \_\_\_\_\_

3<sup>rd</sup> request to: \_\_\_\_\_ Via: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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(Applicant please complete each line beginning with 'X')

X Name of Applicant: \_\_\_\_\_  
X Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
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X Final position held: \_\_\_\_\_ Supervisor and Title: \_\_\_\_\_  
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Job Knowledge \_\_\_\_\_ Work Quality \_\_\_\_\_ Attendance \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
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Comments: \_\_\_\_\_  
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X Final position held: \_\_\_\_\_ Supervisor and Title: \_\_\_\_\_  
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Job Knowledge \_\_\_\_\_ Work Quality \_\_\_\_\_ Attendance \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3<sup>rd</sup> request to: \_\_\_\_\_ Via: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



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(Applicant please complete each line beginning with 'X')

X Name of Applicant: \_\_\_\_\_

X Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

X Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

X Final position held: \_\_\_\_\_ Supervisor and Title: \_\_\_\_\_

X Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

X Description of Duties: \_\_\_\_\_

\_\_\_\_\_

X Reason for Leaving: \_\_\_\_\_

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X Social security number: \_\_\_\_\_

**EMPLOYER USE ONLY**-----

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\*Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ \*Salary/ hr. wage: \_\_\_\_\_

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Initiative \_\_\_\_\_ Follows Directions \_\_\_\_\_ Cooperation \_\_\_\_\_

Job Knowledge \_\_\_\_\_ Work Quality \_\_\_\_\_ Attendance \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (former employer) \_\_\_\_\_ Title \_\_\_\_\_

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3<sup>rd</sup> request to: \_\_\_\_\_ Via: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_