

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/observed**

_____ **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**-----

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:** _____

E-Mail address: _____ **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.

Overnights (9pm-9am)	Days (7am-3pm)	Evenings (2pm-9pm)	Weekends (9am-9pm)	Substitute overnights (9pm-9am)	Any Shifts
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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 Agency and/or 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.

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: _____

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: _____

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: _____

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: _____

*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)? _____

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 Inc., Annual Profit Sharing Gift and 401K - \$1.00 for \$1.00 Match Contribution
(Based on 2020 Profit Sharing Agency Contribution and 401K Matched Contribution)

						401K OPTIONAL			
Hourly Rate	Annual Rate	Profit Sharing %	Profit Sharing Gift	Total Annual Salary	Hourly Pay Rate	4% of Salary	Agency Match	New Annual	New Rate
\$12.75	\$26,520.00	5.06%	\$1,341.91	\$27,861.91	\$13.40	\$1,060.80	\$1,060.80	\$28,922.71	\$13.91
\$13.00	\$27,040.00	5.06%	\$1,368.22	\$28,408.22	\$13.66	\$1,081.60	\$1,081.60	\$29,489.82	\$14.18
\$13.25	\$27,560.00	5.06%	\$1,394.54	\$28,954.54	\$13.92	\$1,102.40	\$1,102.40	\$30,056.94	\$14.45
\$13.51	\$28,100.80	5.06%	\$1,421.90	\$29,522.70	\$14.19	\$1,124.03	\$1,124.03	\$30,646.73	\$14.73
\$13.75	\$28,600.00	5.06%	\$1,447.16	\$30,047.16	\$14.45	\$1,144.00	\$1,144.00	\$31,191.16	\$15.00
\$14.00	\$29,120.00	5.06%	\$1,473.47	\$30,593.47	\$14.71	\$1,164.80	\$1,164.80	\$31,758.27	\$15.27
\$14.25	\$29,640.00	5.06%	\$1,499.78	\$31,139.78	\$14.97	\$1,185.60	\$1,185.60	\$32,325.38	\$15.54
\$14.51	\$30,180.80	5.06%	\$1,527.15	\$31,707.95	\$15.24	\$1,207.23	\$1,207.23	\$32,915.18	\$15.82
\$14.75	\$30,680.00	5.06%	\$1,552.41	\$32,232.41	\$15.50	\$1,227.20	\$1,227.20	\$33,459.61	\$16.09
\$15.00	\$31,200.00	5.06%	\$1,578.72	\$32,778.72	\$15.76	\$1,248.00	\$1,248.00	\$34,026.72	\$16.36
\$15.51	\$32,260.80	5.06%	\$1,632.40	\$33,893.20	\$16.29	\$1,290.43	\$1,290.43	\$35,183.63	\$16.92
\$16.00	\$33,280.00	5.06%	\$1,683.97	\$34,963.97	\$16.81	\$1,331.20	\$1,331.20	\$36,295.17	\$17.45
\$16.51	\$34,340.80	5.06%	\$1,737.64	\$36,078.44	\$17.35	\$1,373.63	\$1,373.63	\$37,452.08	\$18.01
\$17.00	\$35,360.00	5.06%	\$1,789.22	\$37,149.22	\$17.86	\$1,414.40	\$1,414.40	\$38,563.62	\$18.54
\$17.51	\$36,420.80	5.06%	\$1,842.89	\$38,263.69	\$18.40	\$1,456.83	\$1,456.83	\$39,720.52	\$19.10
\$18.00	\$37,440.00	5.06%	\$1,894.46	\$39,334.46	\$18.91	\$1,497.60	\$1,497.60	\$40,832.06	\$19.63
\$18.51	\$38,500.80	5.06%	\$1,948.14	\$40,448.94	\$19.45	\$1,540.03	\$1,540.03	\$41,988.97	\$20.19
\$19.00	\$39,520.00	5.06%	\$1,999.71	\$41,519.71	\$19.96	\$1,580.80	\$1,580.80	\$43,100.51	\$20.72
\$19.51	\$40,580.80	5.06%	\$2,053.39	\$42,634.19	\$20.50	\$1,623.23	\$1,623.23	\$44,257.42	\$21.28
\$20.00	\$41,600.00	5.06%	\$2,104.96	\$43,704.96	\$21.01	\$1,664.00	\$1,664.00	\$45,368.96	\$21.81
\$20.51	\$42,660.80	5.06%	\$2,158.64	\$44,819.44	\$21.55	\$1,706.43	\$1,706.43	\$46,525.87	\$22.37
\$22.00	\$45,760.00	5.06%	\$2,315.46	\$48,075.46	\$23.11	\$1,830.40	\$1,830.40	\$49,905.86	\$23.99
	<i>hourly rate x 2080</i>		<i>Annual Rate x Profit Sharing %</i>	<i>Annual Rate + Profit Sharing Gift</i>	<i>Real Annual Salary/2080</i>	<i>Original Salary x 4%</i>	<i>4% of Salary</i>	<i>Real Annual Salary + 4% of Salary</i>	<i>New Annual/2080</i>

**Based on average percentages that change depending on the stock and bond markets*

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: _____

2nd request to: _____ Via: _____

3rd request to: _____ Via: _____

Comments: _____

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