

# Professional Case Management Services of America, Inc.

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

<b>PERSONAL INFORMATION:</b>				
Social Security Number		Daytime Telephone Number		
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
E-Mail Address <input style="width: 500px;" type="text"/>				
Last Name		First Name		Middle Initial
Street Address				Apt. Number
City		State	Zip Code	County
Are you a U.S citizen or authorized by INS to work? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: _____ _____				
<b>EMPLOYMENT DESIRED:</b>				
Are you presently employed? <input type="checkbox"/> yes <input type="checkbox"/> no		May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no		
What type of employment are you interested in? <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> All				
		Are you willing to travel? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what % _____?		
Date you can start:		Desired Position:		
Please explain how you meet the following criteria: 1 full year of experience working with individuals with DD _____ _____				
<b>EDUCATION:</b>				
School	Location	Major	Degree	Grade Average
Please list any scholastic honors received and offices held in school: _____ _____				

Are you planning to continue your studies?  yes  no If yes, where and what course of study? \_\_\_\_\_

**GEORGIA LICENSES AND CERTIFICATIONS**

Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Month/Year)
Teacher Certified in Georgia, Type of Certificate Held:			
Commercial Driver's License (CDL) Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
CPR/First Aid Certification			
Other:			
Other:			

**WORK HISTORY:** Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need additional space attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your supervision and give percentage of time for each duty.

Current or Last Employer:			Your Job Title:		
Address:			From (mo/yr)	To (mo/yr)	Hours per week
City	State	Zip Code	Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name and Title			May we Contact Employer: <input type="checkbox"/> yes <input type="checkbox"/> no		Supervisor's Phone Number ( )
Reason(s) for Leaving			# and types of employees you supervised:		
%	Describe in detail your job duties and the average percent of work time you spent on each duty.				
100%					

Employer:			Your Job Title:		
Address:			From (mo/yr)	To (mo/yr)	Hours per week
City	State	Zip Code	Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name and Title			May we Contact Employer: <input type="checkbox"/> yes <input type="checkbox"/> no		Supervisor's Phone Number ( )
Reason(s) for Leaving			# and types of employees you supervised:		
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100%					
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%	Describe in detail your job duties and the average percent of work time you spent on each duty.				
100%					

**CERTIFICATION: Read carefully before signing and dating. Unsigned applications will be returned.** I certify that all information on this application is correct. I authorize any agent or employee of Professional Case Management Services of America, Inc. to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law.

I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) If I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.)

I understand that I will be the subject of an "FBI Criminal History Record Check" and that I have the right to challenge the contents of my Criminal History Record Information, should I choose to do so.

**X**

**X**

**Signature**

**Date**