|  |  |
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| COMMUNITY OF cARE  Care Coordinator Application |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | |  | | | | | | | | | | | |
| Date Available | | | |  | | | | | | Social Security No. | | |  | | | | | | | Desired Salary | | |  | | | |
| Position Applied for | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | YES | | NO | | If so, when? | | | |  | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | YES | | NO | | If yes, explain | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| College | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| Other | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | |  | | | | | | Starting Salary | | $ | | | Ending Salary | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
| Company | | |  | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | |  | | | | | | Starting Salary | | $ | | | Ending Salary | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
| Company | |  | | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | |  | | | | | | Starting Salary | | $ | | | Ending Salary | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date |  | |

Complete and return application to: To learn more about our mission:

Myrna Hanson, Executive Director Website: [www.communityofcarend.com](http://www.communityofcarend.com)

Community of Care

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