



**North Eastern Services, Inc
Employment Application**

**Administrative Offices
443 South Commerce Drive
Orem, UT 84058
Phone: (801) 426-4961 Fax: (801) 224-7240
Mail to: 529 W 300 S., Orem, UT 84058**

Full Name	Social Security #
Complete Address	
Phone #	Driver's License # (With State & Exp. Date)

Position(s) Applying For _____

Related Education _____

Career Objectives _____

Work History Beginning with Most Recent Job

Place of Employment	Location
Supervisor	Phone
Employment Dates	
Job Title and Description	
Still Employed?	Reason for Leaving

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Please explain any experience you have (other than employment) with adults with disabilities.

Please describe any experience you have working with persons who have limited speaking abilities.

What is your philosophy about persons with disabilities?

Please list some activities that you would implement for both one-on-one situations and for groups with more than three disabled individuals.

What would you enjoy about this position?

Why would you be the best candidate?

What are your strengths?

Have you ever been convicted of a crime? If yes, please explain.

Can you show proof of your eligibility to work in the U.S.?

Please check yes or no to the following	Y	N		Y	N
Do you have a current Food Handler's Permit?			Have you been trained in Crisis Intervention?		
Are you currently certified in CPR? (1 Year)			Have you been trained in Behavior Management?		
Are you currently First Aid certified? (3 Years)			Are you at least 18 years old?		
May we perform a criminal background check?			If unable to attend work can you give at least a 6 hour notice?		

Please circle any days you are NOT available to work

MON TUE WED THUR FRI SAT SUN

How many hours would you like to work/week? _____.

Many shifts are often available. Please indicate your preferences by writing one of the following in each of the boxes

PREFERRED, ACCEPTABLE, SUBSTITUTE ONLY, UNABLE.

MORNING	AFTERNOON	EVENING	GRAVEYARD	WEEKEND

How long do you plan on living in this area? _____

Please list 3 References
(Two Business Related & One Personal)

Name	Phone #
Address	
Relationship	Length of time known

Name	Phone #
Address	
Relationship	Length of time known

Name	Phone #
Address	
Relationship	Length of time known

Thank you for your interest in North Eastern Services. By signing this document you are indicating that the information given is true to the best of your knowledge.

Signature of Applicant _____ **Date** _____

Application Reviewed By _____ **Title** _____ **Date** _____