



**ABIDING CHOICE**

**COMMUNITY SUPPORT PROFESSIONAL EMPLOYEE APPLICATION**

LAST NAME		FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
PRESENT STREET ADDRESS (APT. #)			CITY	STATE	ZIP CODE
MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE # ( )		CELL/ATL. PHONE # ( )		WORK PHONE # ( )	
MARITAL STATUS:		EMAIL ADDRESS:			
BIRTH DATE: (MM/DD/YEAR)		U.S CITIZEN YES NO			
		IF NOT A U.S CITIZEN, ARE YOU A LEGAL RESIDENT OF THE STATE FOR AT LEAST SIX (6) MONTHS? YES NO			
DO YOU HAVE A VALID DRIVERS LICENSE? _____					
DRIVERS LICENSE: STATE _____ LICENSE NUMBER _____					
<b>EDUCATION</b>					
SCHOOL	ADDRESS		HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA/GED	
<b>Certifications</b>					
ARE YOU CPR/ FIRST AID CERTIFIED YES NO					
EXPIRATION DATE: _____					

HAVE YOU BEEN A NAMED PERPETRATOR IN AN ABUSE, NEGLECT, OR EXPLOITATION ALLEGATION? YES OR NO

IS THE ALLEGATION PENDING CURRENTLY? YES OR NO

IF YES, PLEASE DESCRIBE ALLEGATION AND RESULT OF INVESTIGATION

STARTING WITH THE PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS. INCLUDE SELF-EMPLOYMENT, SUMMER, AND PART-TIME JOBS, AS APPLICABLE. IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET. YOU MAY ATTACH A RESUME BUT COMPLETE THIS APPLICATION AS WELL.

EMPLOYMENT HISTORY	
LAST OR PRESENT COMPANY:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	
COMPANY NAME:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	
COMPANY NAME:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	

REFERENCES

PLEASE LIST PERSONAL REFERENCES: AT LEAST THREE (3) PERSONAL, UNRELATED, REFERENCES, WITH ONE OF THE REFERENCES HAVING KNOWN YOU FOR AT LEAST (5) YEARS.

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_ LENGTH OF TIME KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_ LENGTH OF TIME KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_ LENGTH OF TIME KNOWN: \_\_\_\_\_

APPLICATION AGREEMENT

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE CONTRACT TERMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE ABIDING CHOICE, INC., AND ITS EMPLOYEES AND/OR AGENTS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND TO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I CONSENT TO A BACKGROUND CHECK (TX DPS) AND MISCONDUCT/NURSE AIDE REGISTRY (HCS) AS A CONDITION TO BECOME A CONTRACTED EMPLOYEE OF ABIDING CHOICE INC. A REFUSAL OF ABOVE REQUIRED CHECKS WILL TERMINATE SAID RELATIONSHIP WITH ABIDING CHOICE INC.

I UNDERSTAND THAT IF THE RESULTS OF THE BACKGROUND CHECK OR HCS REGISTRIES CHECK RETURN AN INDICATION OF A BARRED OFFENSE LISTED UNDER § 250.006 OF THE TEXAS HEALTH AND SAFETY CODE OR A LISTING ON THE HCS MISCONDUCT/NURSE AIDE REGISTRY, MY CONTRACT/EMPLOYMENT WITH ABIDING CHOICE WILL BE TERMINATED AS REQUIRED IN THE HCS PROGRAM HANDBOOK.

---

PRINTED NAME

SIGNATURE

DATE

---