



CHOICES IN COMMUNITY LIVING, INC.

1651 Needmore Rd, Dayton, Ohio 45414

APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER

Personal

(Please Print Clearly)

Name: _____ Date: _____

Social Security Number: _____ - _____ - _____ Telephone No: (____) _____

Email Address: _____

Present Address: _____

City, State, Zip: _____

Position(s) Applying For: 1. _____ 2. _____

Are you interested in: _____ Full Time _____ Part Time _____ Substitute (Less than 17 hours a week)

Are you able and willing to work weekends: _____ Yes _____ No

Are you able to willing to work 24 hour shifts? _____ Yes _____ No

Have you previously applied to and/or been employed by this agency? _____ Yes _____ No

If yes, when? _____

If hired, on what date will you be available to start work? _____

Do you have any relatives currently employed by this Organization? __ Yes __ No __ If Yes, please provide Name and Relationship. _____

Have you known, or do you currently know, someone who works at Choices In Community Living? _____ Yes _____ No If yes, who? _____

Have you known, or do you currently know, someone who receives services from Choices In Community Living? _____ Yes _____ No If yes, who? _____

What qualifications or skills do you have that make you a good fit for working with people with developmental disabilities or for the role you're applying for?

Have you ever been convicted of a crime, including sex-related or child abuse related offenses? *



_____ Yes _____ No If yes, please explain: _____

* A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes, and only to the extent permitted by applicable law.

Educational Background

High School Name: _____ Number of Years Completed 1 2 3 4

Address: _____ Graduated: _____ Yes _____ No

_____ Major/Minor: _____

College School Name: _____ Number of Years Completed 1 2 3 4

Address: _____ Graduated: _____ Yes _____ No

_____ Major/Minor: _____

Other - Name: _____ Number of Years Completed 1 2 3 4

Address: _____ Graduated: _____ Yes _____ No

_____ Major/Minor: _____

References

Please list references who can speak on your general character. Do not include family members.

Name: _____ Occupation: _____

Address: _____

_____ Phone Number: () _____

Name: _____ Occupation: _____

Address: _____

_____ Phone Number: () _____

Name: _____ Occupation: _____

Address: _____



_____ Phone Number: () _____

Military Service Record

Have you ever served in the armed forces? ____ Yes ____ No Rank at discharge: _____

Dates of duty: From _____ To _____ Explain your duties in the Service including any special training you received: _____

Prior Work History

List in Chronological order, beginning with current or last employer

Employer: _____ Occupation: _____

Address: _____

Telephone Number: () _____ Supervisor: _____

Dates employed: From _____ To _____ Rate of pay: _____ Start _____ End _____

Reason for leaving: _____

Description of work performed: _____

Employer: _____ Occupation: _____

Address: _____

Telephone Number: () _____ Supervisor: _____

Dates employed: From _____ To _____ Rate of pay: _____ Start _____ End _____

Reason for leaving: _____

Description of work performed: _____



Employer: _____ Occupation: _____

Address: _____

Telephone Number: () _____ Supervisor: _____

Dates employed: From _____ To _____ Rate of pay: _____ Start _____ End _____

Reason for leaving: _____

Description of work performed: _____

Have you worked for any employers not listed above?

☐ Yes ☐ No

If yes, please request additional sheets to provide your complete employment history.

May we contact the employers listed? _____ Yes _____ No If no, indicate which employers you do not wish for us to contact: _____

Philosophy

What are your thoughts or beliefs about working with people who have developmental disabilities?

Summary

Please summarize any additional information which you feel may be helpful in our selection process.

READ CAREFULLY BEFORE SIGNING:

I authorize this agency to investigate the information provided in my application to determine my qualifications for employment. I give permission to all individuals, educational institutions, employers, credit agencies, and law enforcement organizations to share relevant information about my background



with this agency or its representatives. I release all such parties from any liability for providing this information.

I understand that providing any false or misleading information on this application or during the hiring process may result in the rejection of my application or, if employed, termination of my employment.

I also acknowledge that, as part of the employment process, this agency may conduct a routine inquiry into my character, general reputation, and personal characteristics.

Signature _____ Date _____

Thank you for completing this application and for your interest in employment with us. We would like to assure you that this is an equal opportunity employment agency. Your application will be judged solely on your merit. This application will remain in active status for one year from the date of your signature. You may reactivate this application by reviewing the information and updating necessary sections.

Notice to applicants and employees: Screening tests for alcohol and illegal drugs may be required before hiring and during your employment here.

Revised 6/2026