

8. Please list 2 references (not your immediate family members) we may contact:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____ Phone: _____

9. Please list two most recent previous employers:

Company Name: _____ Phone: _____

Date of Employment: _____

Contact Person: _____ Address: _____

Company Name: _____ Phone: _____

Date of Employment: _____

Contact Person: _____ Phone: _____

10. How did you learn about the center? _____

PLEASE NOTE:

All applicants must pass a physical examination before start of work. Please have your physician complete the center's application.

Applicant Signature: _____ Date: _____

FOR CENTER USE ONLY

Sex: ___Male ___Female Social Security Number: _____

In order to deliver excellent medical and mental health care services, Today's Care and Family requires that every employee submit to a drug test, and also a criminal background check. This profile will ensure the efficacy of all disciplines and the safety of all participants. Please answer the following questions:

1. Have you ever used illicit drugs within the last 5 years? Yes. No. If yes, please explain?

2. If you answered yes to question #1, when was your last usage? Explain.

3. Have you ever been treated inpatient or outpatient for substance abuse? Yes. No. If yes, please explain and include length of time and the number of treatments.

4. Have you ever been convicted of a felony / crime? Yes. No. If yes, please explain.

5. Have you ever been convicted of any child or adult abuse/neglect? Yes. No. If yes, please include when.

DRIVER APPLICANTS ONLY:

6. Have you ever been convicted of any traffic violations on your driving record? Yes. No. If yes, please explain. Has your license ever been revoked/suspended? Yes. No. If yes, please explain. Do you object to providing a copy of your driving record? Yes. No. If yes, please explain.

LICENSED PERSONNEL ONLY:

7. Has your license ever been revoked? Yes. No. If yes, please explain.

DISCLAIMER: The results of testing and criminal background check will determine continued or future employment with Today's Care and Family. I have answered the above questions truthfully, and to the best of my knowledge.

Signature: _____

Date: _____

Criminal Background and Random Drug Screening Consent Form

I, _____ have been made aware of Today's Care and Family policy and procedure for Random Drug Screening and Criminal Background check. I have agreed to abide by all rules and regulations of Today's Care and Family.

I, _____ will/will not comply with random drug screening and a criminal background investigation.

I fully understand failure to comply with criminal background investigations and random drug screening will result in denial or termination of employment.

(Print)

(Signature)