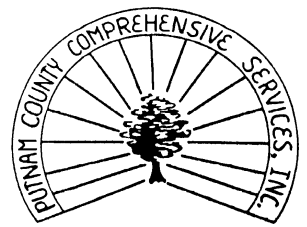


Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.



Name: _____

Social Security # _____

Address _____

Telephone Number: _____

Email Address: _____

Referred By: _____

Position Applied For _____

Expected Pay _____ Shift Preferred 1 _____ 2 _____ 3 _____ Any _____

For Office Use Only

Hire Date: _____

Position: _____

Pay Rate: _____

Notes: _____

Would you accept full-time? Yes No

Would you accept part-time? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No Date _____

Are you eligible for employment in the U.S.? Yes No
 (If yes, proof is required)

Are you of legal age to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you have a valid driver's license? Yes No

Have you ever gone by a pervious name or alias? Yes No
 (If Yes, list other name) _____

Have you ever been excluded from providing Medicaid Services? Yes No

Do you have valid auto insurance? Yes No

Do you have any lifting restrictions? Yes No

If yes, please explain: _____

Please list any special skills or training (language, machine operation, ect.) that would be of special benefit in the job for which you are applying: _____

EDUCATIONAL BACKGROUND

| School | Address | Course of Study | Did you graduate? | | Degree |
|--------|---------|-----------------|-------------------|----|--------|
| | | | Yes | No | |
| | | | Yes | No | |

EMPLOYEE REFERENCES

1. Employer _____ Address _____
Phone _____
Job Title _____
Dates Employed _____ to _____ Supervisor _____
Work Performed _____ Reason for Leaving _____
Ending Salary _____

2. Employer _____ Address _____
Phone _____
Job Title _____
Dates Employed _____ to _____ Supervisor _____
Work Performed _____ Reason for Leaving _____
Ending Salary _____

3. Employer _____ Address _____
Phone _____
Job Title _____
Dates Employed _____ to _____ Supervisor _____
Work Performed _____ Reason for Leaving _____
Ending Salary _____

PERSONAL REFERENCES

(OTHER THAN FAMILY MEMBERS OR PREVIOUS EMPLOYERS)

1. Name _____ Phone _____
Address _____

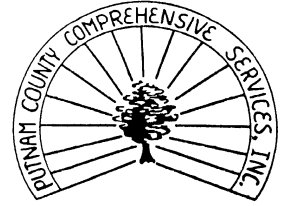
2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of benefits and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature _____ Date _____

630 Tennessee Street, Greencastle IN, 46135
Phone (765) 653-9763 -- Fax (765)653-3646
Email: rehab@pccsinc.org



AUTHORIZE FOR RELEASE OF INFORMATION

I understand that I am applying for a position to work at Putnam County Comprehensive Services, Inc. and acknowledge that the burden of proving my qualifications is at all times upon myself. I further understand that an investigation of my background, character and work history will be completed prior to employment. This authorization is given freely and voluntarily waiving my any disclosure of information under the Privacy Act.

I do hereby authorize a representative from Putnam County Comprehensive Services, Inc. to obtain any and all information relative to my future employment.

Signature of Applicant

Date

INFORMATION REQUESTED

Applicants Name: _____

Former Name if Applicable: _____

1. Was individual employed by your firm? Yes _____ No _____
2. What was the applicant's job title? _____
3. What were the applicant's job duties? _____
4. When was the applicant employed by your firm? _____ to _____
5. What was the applicant's reason for leaving? _____
6. Is the applicant eligible for rehire? Yes _____ No _____
7. Was the applicant's honesty or truthfulness ever in question?
Yes _____ No _____

Reason: _____

8. Was there evidence of drug or alcohol abuse? Yes _____ No _____
9. Do you consider the applicant to be of good character?
Yes _____ No _____
10. Does the applicant work well with people? Yes _____ No _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Signature Of Person Completing Form

Date