



Application for Employment

Peak Community Services is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete the entire application to ensure processing.

When returning via email, please send "as attachment" or the document will not be received correctly.

Position Applied For: \_\_\_\_\_  
 Were you referred by a current employee?  Yes  No Name: \_\_\_\_\_

PERSONAL INFORMATION (Please print)

Name: Last	First	Middle	Social Security Number	Date (M/D/Y)
_____				
Other names you are known by: _____			Are you less than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a crime in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No.				
If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment: _____				
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
All new hires will be required to provide proof of eligibility to work in the U.S.				
Present Address:			City	State Zip
_____			_____	_____
Permanent Address: (If same as above, leave blank)			City	State Zip
_____			_____	_____
Phone Number: Daytime	Evening	Email		
_____	_____	_____		

EMPLOYMENT DESIRED (If you are applying for an hourly position, understand that the availability of hours may vary.)

Position	Location/Department	Salary Desired	Date You Can Start
_____			
Specify hours available for each day of the week:			
Sun _____	Mon _____	Tue _____	Wed _____ Thu _____ Fri _____ Sat _____
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for Peak Community Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____ Which department? _____			

EDUCATION (For certain positions, you will be required to provide proof of education.)

	Name & Address of School	Last Year Completed	Did You Graduate?	Subjects Studied & Degrees Received
High School	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
College	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Post College	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Trade, Business or Correspondence School	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	
List skills relevant to the position applied for: _____				
Computer skills: Familiar With: <input type="checkbox"/> Email <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Other: _____				
Proficient In: <input type="checkbox"/> Email <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Other: _____				
SKILLS (for Office/Administrative positions only): Typing WPM: _____ 10-Key: <input type="checkbox"/> Yes <input type="checkbox"/> No				

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**INFORMAL QUESTIONS** (You are required to answer these questions in order to ensure processing.)

Have you ever visited an agency or organization that provides support for persons with developmental disabilities? Where? Describe your experience: \_\_\_\_\_

What fears or concerns do you have about working with persons with developmental disabilities? \_\_\_\_\_

Why do you want to work for Peak Community Services? \_\_\_\_\_

Describe a specific situation where you have interacted with a person with developmental disabilities. Were you satisfied with the interaction? \_\_\_\_\_

**FORMER EMPLOYERS** (Include related volunteer experience. Please complete even if you attach a resume.)

Date (M/D/Y) From To	Current Employer (Name & Address, type of Business)	Salary or Hourly Starting: _____ Ending: _____ Ave Hrs/Wk _____	Position	Reason for Leaving
Duties Performed:		Supervisor:	Telephone Number: _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date (M/D/Y) From To	Previous Employer (Name & Address, type of Business)	Salary or Hourly Starting: _____ Ending: _____ Ave Hrs/Wk _____	Position	Reason for Leaving
Duties Performed:		Supervisor:	Telephone Number: _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date (M/D/Y) From To	Previous Employer (Name & Address, type of Business)	Salary or Hourly Starting: _____ Ending: _____ Ave Hrs/Wk _____	Position	Reason for Leaving
Duties Performed:		Supervisor:	Telephone Number: _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date (M/D/Y) From To	Previous Employer (Name & Address, type of Business)	Salary or Hourly Starting: _____ Ending: _____ Ave Hrs/Wk _____	Position	Reason for Leaving
Duties Performed:		Supervisor:	Telephone Number: _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES** (Give below the names of three professional references whom you have known at least one year.)

Name	Address & Telephone Number	Business	Years Acquainted & How Do You Know This Person?
1.			
2.			
3.			

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PERMISSION TO INVESTIGATE BACKGROUND, REFERENCES, EMPLOYMENT RECORD & OTHER MATTERS (If these items are not checked off, indicating you have read each statement, the application will not be processed.)

Name: Last	First	Middle	Date (M/D/Y)
<input type="checkbox"/> I hereby authorize Peak Community Services to thoroughly investigate my background, references, employment records and other matters related to my suitability for employment.			
<input type="checkbox"/> I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Peak Community Services to provide any relevant information regarding my current and/or previous employment and I release all persons, schools and employers of any and all claims for providing such information.			
<input type="checkbox"/> I authorize those whom I have named as professional references to provide any relevant information regarding my current and/or previous employment and I release all named individuals of any and all claims for providing such information.			
<input type="checkbox"/> I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal.			
<input type="checkbox"/> I understand that I may be required to sign a confidentiality statement and/or a conflict of interest statement should I become an employee of Peak Community Services.			
<input type="checkbox"/> I understand that filling out this form does not indicate there is a position open and does not obligate Peak Community Services to hire me.			
<input type="checkbox"/> I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Peak Community Services at any time without prior notice for any reason.			
<input type="checkbox"/> I authorize Peak Community Services to conduct a background check in the following areas for possible employment: <ul style="list-style-type: none"> <li>◆ CNA Registration</li> <li>◆ Bureau of Motor Vehicles</li> <li>◆ County Law Enforcement Agencies</li> <li>◆ State Police</li> <li>◆ Sex Offender Registry</li> </ul>			
<input type="checkbox"/> I understand I will be asked to submit to a drug screen.			
<input type="checkbox"/> I understand this information will be maintained in my confidential personnel file, and where necessary may be released as required by law.			

If you are hand-writing this application, please complete the below information.

If you are e-mailing this application, you will be required to complete the below information before you can be interviewed.

Signed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver License Number: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_  
 Counties/States of Residence For Past Three (3) Years: \_\_\_\_\_

PEAK COMMUNITY SERVICES, INC.

Submit this application to any Peak Community Services location, or visit our website to submit an application online.

1416 Woodlawn Avenue Logansport, IN 46947 Telephone (574) 753-4104 Fax (574) 753-9861	peak@peakcommunity.com <a href="http://www.peakcommunity.com">www.peakcommunity.com</a>	1104 South US Highway 35 Winamac, IN 46996 Telephone (574) 946-6188 Fax (574) 946-6189
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