

Educational History

| School Name | Location | Major Course or Subject | Dates Attended | | Graduated | Degree |
|-------------|----------|-------------------------|----------------|----|-----------|--------|
| | | | From | To | | |
| | | | | | | |
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Summarize your special skills or qualifications

| | | |
|--|---|---------------------------------------|
| Describe experiences supporting people with disabilities | Years of Experience | CPR / First Aid Expiration Dates |
| Have you ever been fired from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- please describe: | Can you perform the essential job duties listed in position applied for without limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If No – please explain | List Language Spoken: Written: |

Criminal Background

Employment Eligibility

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|---|--|
| Have you ever been convicted of any criminal offence (Felony or Misdemeanor) within the last seven years. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Please explain | Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Professional / Work References

List two past employers and one non-related person who have knowledge of your qualifications for the positions for which you are applying.

| Name | Relationship | Phone# | Occupation |
|------|--------------|--------|------------|
| | | | |
| | | | |

May we contact your present employer?

If no, Please explain

| | | | | |
|-----------------------------|------------|--|------------|--|
| Date available for work | Mornings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Afternoons | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Days | <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekends | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Evenings | <input type="checkbox"/> Yes <input type="checkbox"/> No | On-call | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Hours willing to work | Overnights | <input type="checkbox"/> Yes <input type="checkbox"/> No | Roommate | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that my answers are true and complete to the best of my knowledge. I authorize Networkx to make such investigations and inquire of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries in connection with my application. I understand that filling out this form does not indicate there is a position open and does not obligate Networkx to hire. I understand that any employment is conditional on background checks. If hired, I agree to abide by all company work rules, policies and procedures. I understand that my employment is contingent on valid social security number, work permit number or green card number, verification of birth, and any other pertained information bearing upon my employment that my continued employment depends upon the will of the company or myself. At – Will Disclaimer: If employed by Networkx, I hereby agree that such employment is at will and may be terminated by Networkx at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature _____

For Office Use: Reference Check

| Name | Date / Time | Outcome |
|-------------|--------------------|----------------|
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