

SUPPORTED COMMUNITY LIFESTYLES, INC.

Employment Application



| APPLICANT INFORMATION | | | |
|---|--|--|------------|
| Last Name | First Name | M.I. | Date |
| Street Address | | | Apt/Unit # |
| City | State | Zip | |
| Phone | E-mail Address | | |
| Date Available | Social Security Number | Desired Salary | |
| Position Applied for: (You must apply for a specific position. "Any" will not be accepted) : | | | |
| Preferred Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/> No Preference | | Location: <input type="checkbox"/> Ponca City <input type="checkbox"/> Enid <input type="checkbox"/> Stillwater <input type="checkbox"/> Skiatook <input type="checkbox"/> Perry | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have you ever worked for this company? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when & location? | |
| Do you have any relatives employed at SCL? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | |
| Have you ever been convicted of a crime since your 18 th birthday? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | |
| Are you at least 18 years of age? | YES <input type="checkbox"/> NO <input type="checkbox"/> | (Must be 18 or older to work at SCL) | |
| EDUCATION ***TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION*** | | | |
| High School | Address | | |
| | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| College | Address | | |
| Dates attended: | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| Other | Address | | |
| Dates attended: | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES) | | | |
| Full Name | Relationship | | |
| Company | Phone Number | | |
| Address | | | |
| Full Name | Relationship | | |
| Company | Phone Number | | |
| Address | | | |
| Full Name | Relationship | | |
| Company | Phone Number | | |
| Address | | | |
| Lift Requirements | | | |
| SCL, Inc. has clients that may or may not need lift and transfer assistance. SCL, Inc. has a lift requirement in all positions of ten (10) pounds. Ability to perform at least medium work (a strength factor involving ability to lift and/or exert 50 pounds occasionally, and/or 10 to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects). | | | |
| To your knowledge, are you able to fulfill this job duty, with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

PLEASE ANSWER THE QUESTIONS BELOW. A CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT.

| | | |
|---|----------------|-----------------|
| Have you had one or more citations for "no motor vehicle insurance" in the last 3 years? | YES [] NO [] | If yes, explain |
| Have you had one or more moving violations in the past 3 years? | YES [] NO [] | If yes, explain |
| Have you had one or more "Driving under the influence" or "Driving while intoxicated" in the past 3 years? | YES [] NO [] | If yes, explain |
| Do you object to taking a drug/alcohol screen test? | YES [] NO [] | If yes, explain |
| Have you ever been terminated or asked to resign from a job because of abuse, neglect, or exploitation of a minor or dependent adult? | YES [] NO [] | If yes, explain |

PREVIOUS EMPLOYMENT

May we contact your previous supervisors for a reference? YES [] NO []

| | | |
|-----------|--------------------|------------------|
| Company | Phone Number | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |

Responsibilities

Dates Employed Reason for Leaving

| | | |
|-----------|--------------------|------------------|
| Company | Phone Number | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |

Responsibilities

Dates Employed Reason for Leaving

| | | |
|-----------|--------------------|------------------|
| Company | Phone Number | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |

Responsibilities

Dates Employed Reason for Leaving

MILITARY SERVICE

| | |
|-------------------|-------------------|
| Branch | Dates Served |
| Rank at Discharge | Type of Discharge |

If other than honorable, explain

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge.
- I authorize anyone processing this information to furnish it to SCL, Inc. and/or a third-party company upon request and I release anyone so authorized, SCL, Inc., and any third-party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.
- In the event of employment, I understand false or misleading information given on my application or interview(s) may result in immediate dismissal. I understand also I am required to abide by all rules and regulations of SCL, Inc.
- I understand and agree if employed, the employment will be "at will." Either SCL, Inc. or I may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application by SCL, Inc. does not imply employment and this application and/or any other SCL, Inc. documents are not contracts of employment.
- I further state none of the above conditions apply. I am willing to submit my name for the security clearance necessary for employment (Child and Adult Abuse Registry, OSBI check, Finger Printing, Motor Vehicle Report, or any other security measures that might apply)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|