



**PRE-Employment Application**

**Direct Care Professional Position**

Please furnish all information requested on this application; do not refer to other sources.

Date of Filing Application: \_\_\_\_\_ Date When Available: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name
First Name
Middle Name

Present Address: \_\_\_\_\_  
Street
City
State
Zip Code
(\_\_\_\_) Telephone Number

Email: \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

School or Institution	Degree	Date Received	Dates Attended

Describe any fieldwork or practicum associated with your academic training.

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List current license, certification, or registration (Note number and expiration date):

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Have you ever had a professional license, certification, or registration suspended or revoked?

Yes      No      If yes, explain circumstances: \_\_\_\_\_

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**EXPERIENCE RELEVANT TO POSITION SOUGHT**

Name of Firm and Location	Type of Work	Salary Hour/Month/ or Annual	Dates Month/Year to Month/Year

**OTHER WORK EXPERIENCE**

Name of Firm and Location	Type of Work	Salary Hour/Month/ or Annual	Dates Month/Year to Month/Year

**PROFESSIONAL REFERENCES**

Name	Title & Company Name	Email Address	Telephone
1.			
2.			
3.			
4.			

How did you learn of the position you are applying for? \_\_\_\_\_

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offense?      Yes      No

If yes, please explain: \_\_\_\_\_

**Conviction of a crime is not an automatic bar to employment. The Center will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.**

Why do you desire to leave your present position, or why did you leave your last position?

Have you ever been involuntarily terminated from employment?      Yes      No

If yes, please give dates and reasons for the termination: \_\_\_\_\_



**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of ELC, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of ELC.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Elizabeth Layton Center, Inc., is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Elizabeth Layton Center, Inc.

\_\_\_\_\_ Date  
Signature

I hereby authorize ELC to conduct a work history and personal reference check along with a pre-employment background check by my signature and voluntarily providing the requested information below.

\_\_\_\_\_ Date  
Signature

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Return this application form to:

Corporate Office:

**Elizabeth Layton Center, Inc.**  
**ATTN: Human Resources**  
**PO Box 677**  
**Ottawa, Kansas 66067-0677**