



Common Solutions Ilc

Where Behavior Challenges Are Opportunities for Impactful Solutions

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Employment Application

Applicant Information

Full Name: _____ Date of Birth: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Start Date: _____ Days Available: _____ Times Available: _____

_____ S M T W T F S AM PM

Position Applying For: _____

Are you a citizen of the United States: YES No If no, are you authorized to work in the U.S.? YES No

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

Have you ever been convicted of a felony? YES No

If yes, explain: _____

Emergency Contact: _____

Last First M.I. Atl. Phone

Any allergies or medical conditions you would like us to know:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Diploma: _____

_____ YES No

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

_____ YES No

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

_____ YES No

Professional References

Please list three professional references.

Full Name/Company: _____ Relationship/Phone: _____

Full Name/Company: _____ Relationship/Phone: _____

Full Name/Company: _____ Relationship/Phone: _____

Most Recent Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize Common Solutions, LLC to obtain an Indiana state nurses registry check and a limited criminal history background check from the Indiana State Police and any other states in which I have resided in the past 3 years.

Employee Signature: _____ Date: _____