



## CCAP Cares, LLC Employment Application

### Personal Information

Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Are you eligible to work in the United States?      Yes                      No

Are you current or former United States Military?      Yes                      No

## **Background History**

Have you ever been convicted of a crime in the past 5 years? (Do not include convictions that were sealed or expunged pursuant to a court order.)

Yes                      No

Are you currently awaiting trial for any criminal offense?

Yes                      No

## **Identification Information**

Do you possess a valid Driver's License?      Yes                      No

State of Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

If requested, can you provide a copy of your Driving Record?      Yes                      No

Has your Driver's License ever been suspended or revoked?

Yes                      No

If Yes, please explain:

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If answered Yes to the previous question: Was your Driver's License reinstated?

Yes                      No

**Work Experience/History**

Do you have any vending machine experience?      Yes                              No

If Yes, please explain:

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Have you ever been involuntarily terminated by an employer?

Yes                              No

If Yes, please explain and provide the year this happened:

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**Education Information**

School or Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

End Date: \_\_\_\_\_

Did you Graduate: Yes                              No

## **Demographic Information**

What is your Gender identity?

Man

Woman

Transgender Woman

Transgender Man

Non-binary

Other

What is your Race and/or Ethnicity? Please mark all that apply.

Black or African American

White

Hispanic/Latino/Latin American

Asian

Middle Eastern

Other

## **Professional References**

Please only list professional references. No personal references.

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Confirmation of Submitted Application**

*By signing this application, you agree that the information provided is accurate and true. If any information provided is found to be inaccurate and untrue will result in termination of this application. Submission of this application does not guarantee employment with CCAP Cares, LLC.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_