



Pre- Employment Requirement Checklist

To begin employment, you **MUST** have the following documents on file. Please follow the guidelines that are provided below.

When applying for a position (Phase 1)

- Application
- Resume

(Phase 2) – Pre-Employment Requirements

- 3 References (Group Home/Office) (4 if applying for Independent Living/Respite Care)
- Proof of Auto Insurance Declaration (policy #, expiration date, policy amounts)
- Proof of Education (Diploma/ Official Transcripts)
- Valid Driver’s License
- Copy of Social Security Card
- Copy of Driving Record
- Physical Exam
- TB Results
- Child Protective Services (Form must be typed, and signed in front of Notary in **blue ink**)
- Criminal Background Check/ Fingerprinting (Both State and FBI)*

- Authorization code: **0800005614**

- Address: CJIS – Central Repository Location: 6776 Reisterstown Rd. Suite 102 Baltimore, MD 21215 Phone: 410-764-4501 Hours: Mon.-Fri. 8am-5pm

- Address: CJIS – Absolute Investigative Fingerprinting & Security Location: 604 E. Joppa Road, Towson, MD Phone: 410-828-6460

- Address: CJIS – Absolute Investigative Fingerprinting & Security Location:

***The cost of the background check is \$65, Jumoke Inc. will provide an authorization letter that you MUST take to your appointment with you. This authorization letter allows you to get fingerprinted at NO COST to you.**

Employee: _____

Date: _____



**Jumoke, Inc. ● Jumoke Behavioral Services, LLC ●
Jumoke Community Based Care, LLC**

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYMENT: It is the policy of **Jumoke, Inc.** to provide employment opportunities without regard to race, color, religion, sex national origin, age handicap or veteran status.

PERSONAL DATA

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed.

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	SSN
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PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
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PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP	TELEPHONE
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ARE YOU LEGALLY AUTHORIZED TO WORK IN UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA NUMBER AND EXPIRATION DATE

POSITION INFORMATION

POSITION APPLYING FOR:

REFERRAL SOURCE: _____

ADVERTISEMENT (specify): _____ PLACEMENT FIRM (firm name): _____

SCHOOL PLACEMENT OFFICE (school name): _____ OTHER: _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS?

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT?

ARE YOU WILLING TO RELOCATE? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? _____

IF SO, WHEN? (MO.) _____ (YR.) _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? _____

IF SO, WHEN (MO.) _____ (YR.) _____



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EDUCATION

(Fill in above each line)

NAME AND ADDRESS OF SCHOOL	ATTENDED	GRADUATED?	DEGREE, DIPLOMA	MAJOR
	FROM	(YES) (NO)	CERT. ETC. RECEIVED?	

LAST HIGH SCHOOL ATTENDED/complete address

COLLEGE OR UNIVERSITY/complete address

COLLEGE OR UNIVERSITY/ complete address

OTHER (Technical, Vocation, Graduate, etc. (complete address)

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU SPEAK?

	No	Yes
_____ FLUENT	___	___
_____ FLUENT	___	___
_____ FLUENT	___	___

SKILLS

LIST ANY SKILLS YOU THINK MAY BE VALUE TO THE COMPANY, SUCH AS PROGRAMMING, CERTIFICATIONS, ETC.

1. _____
2. _____
3. _____
4. _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE) _____ MILITARY OCCUPATION: _____

LENGTH OF ACTIVE DUTY (MONTH/YEAR)

DATE OF ENTRY: ____/____/____

RANK AT THE TIME OF SEPARATION: _____

DATE OF SEPARATION: ____/____/____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/ OR A REVIEW OF YOUR FORM DD-214.



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EMPLOYMENT HISTORY

FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIPCODE
<hr/>			
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING
<hr/>			
TITLE OF YOUR POSITION		DUTIES	
<hr/>			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIPCODE
<hr/>			
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING
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<hr/>			



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OTHER EMPLOYMENT

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/ OR PART- TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SHOOOL, WHICH ARE NOT LISTED ABOVE OR ON A SEPARTE SHEET? IF YES PLEASE EXPLAIN?

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED?

MISCELLANEOUS INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? _____ IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT :)

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would , if disclosed, affect my application , or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application; may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and **I ALSO AUTHORIZE AND REQUEST** each former employee, school attend and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill and any other date required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/ or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated at will, at any time, for my reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Chief Executive Officer of the Company has the authority to enter into any agreement for employment for a specified period of time or to make my agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential except that (1) supervisors and managers may be informed as necessary. (2) First aid and safety personnel may be informed, where and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

Signature; _____ Date: _____



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Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Jumoke, Inc. is appreciated.

REFERENCE REQUEST

The individual named below has applied for employment with Jumoke, Inc. You have been listed as a reference. Please answer the following questions and return this form as soon as possible.

Applicant Name: _____

Position Applied For: _____

In what capacity is this individual known to you: _____

How long have you known him or her? _____

How would you rate this individual's dependability and trustworthiness? _____

How would you rate his or her ability to act as a role model and assume responsibility for providing care to children? _____

Do you consider him or her competent to fulfill the responsibilities of this job? Yes No

If no, please explain. _____

Is there any known reason why the applicant should not provide care to children and youth; or work in a setting which provides care to children and youth? Yes No

If yes, please explain. _____

Signature

Print Name of Person completing this form

Address

Telephone

Date

For official use only: _____

HR Reference Verification Date _____

HR Contactor Name _____

Reference Name Contacted _____



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HR Contactor Name _____

Reference Name Contacted _____