

Application for Employment

Last name	First	Middle Initial	Date	
Street Address		City	State	ZIP
Phone:	SSN		Date of Birth-Strictly Voluntary	
Cell:				
Email:				

Emergency Contact		
Name	Relationship	Phone

I am applying for a position as a _____

Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes please explain.
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TRANSPORTATION		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Car make and model	Do you have auto insurance? <input type="checkbox"/> yes <input type="checkbox"/> no

Availability		
Number of hours you would like to work	Times you are available to work	Time not available to work
Can you be called in at the last minute? <input type="checkbox"/> yes <input type="checkbox"/> no	Comments	
Counties willing to work:		

Education		
High School	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates		

Skills:		
Please indicate whether you have assisted with or preformed the following tasks for seniors / disabled		
Comanion-ship <input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming <input type="checkbox"/> yes <input type="checkbox"/> no	Laundry <input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/ Dressing <input type="checkbox"/> yes <input type="checkbox"/> no	Dusting <input type="checkbox"/> yes <input type="checkbox"/> no	Grocery Shopping <input type="checkbox"/> yes <input type="checkbox"/> no
Grooming <input type="checkbox"/> yes <input type="checkbox"/> no	Clean Bathrooms <input type="checkbox"/> yes <input type="checkbox"/> no	Cooking <input type="checkbox"/> yes <input type="checkbox"/> no
Incontin- ence <input type="checkbox"/> yes <input type="checkbox"/> no	Clean Kitchen <input type="checkbox"/> yes <input type="checkbox"/> no	Driving <input type="checkbox"/> yes <input type="checkbox"/> no
Transfer Assist <input type="checkbox"/> yes <input type="checkbox"/> no	Bed Linen Changes <input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders <input type="checkbox"/> yes <input type="checkbox"/> no

Experience
Discuss any training or experience working with the elderly and what you like most about it.

Work History		(Last five years required. Use additional paper if needed)			
Dates (begin-end)	Previous Employer with address / phone # / Supervisor	Rate of Pay Total hours	Position	Reason for Leaving	May we contact your employer?
		\$ _____ _____ hrs wkly			Yes No
		\$ _____ _____ hrs wkly			Yes No
		\$ _____ _____ hrs wkly			Yes No
		\$ _____ _____ hrs wkly			Yes No
		\$ _____ _____ hrs wkly			Yes No
		\$ _____ _____ hrs wkly			Yes No

Do You Know anyone who currently works for us? Yes _____ No _____ If so who _____

Personal References (Do not include family)			
Name	Address	Relationship/years known	Phone
Name	Address	Relationship/years known	Phone
Name	Address	Relationship/years known	Phone

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

<p>Certification And Release: I certify that I have read and understand the application note on this page and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.</p>	
Signature	Date

