



## EMPLOYMENT APPLICATION

### Personal Data

Legal Name (Last)		(First, MI)	Position Applied For:	
HOME CARE AIDE # (IF AVAILABLE)			Expiration Date	
<b>Address</b>				
Current Address - Street		City	State	Zip Code
Home Telephone No.	Current Work Telephone No.		Cellular Telephone No.	
Email Address:	Can you produce evidence of the right to work while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Date you will be available for work?	Have you ever held a position with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What position?	

### EDUCATION

School Name (City, State Required)	Major/Minor	Graduate	Type of Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT *List all employment during the past 10 years. If you need more space, use additional paper.*

<b>(1) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				
<b>(2) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				
<b>(3) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				

### U.S. MILITARY (Active Duty including Reserve or National Guard Service)

Branch of Service	Rank	Type of Discharge	Special Skills of Training Acquired in Service
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### BACKGROUND INFORMATION

When completing this section, do not disclose information regarding convictions that have been judicially erased, sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.



1. In the past seven (7) years, have you been convicted of, pled 'guilty' or 'no contest' to, been imprisoned, or on probation or parole for any felony?  Yes  No
2. In the past seven (7) years, have you been convicted of, pled 'guilty' or 'no contest' to, been imprisoned, or on probation or parole for any misdemeanor?  Yes  No
3. Do you currently have any charges pending?  Yes  No
4. Are you currently on probation?  Yes  No
5. If you answered Yes to any of the questions above, please explain completely: \_\_\_\_\_

**BUSINESS REFERENCES**

Name	Job Title	Address	Telephone No.

**PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS**

<b>Please check DAYS available</b>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<b>Comments;</b>  <b>Or specify hours of availability:</b>
<b>Please check SHIFTS available</b>	<input type="checkbox"/> Days	<input type="checkbox"/> Eve	<input type="checkbox"/> Night	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-8 hrs.	<input type="checkbox"/> 8-12 hrs.	
<b>Limitations on availability?</b>								
<b>Available to rotate weekends?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No							

**TRANSPORTATION**

Reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver License:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have vehicle insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to transport clients in your private vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ABUSE INVESTIGATION**

Have you ever been investigated for abuse, neglect, or domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:

**SKILLS AND QUALIFICATIONS**

Please summarize special skills and qualifications acquired from employment or other experience:



**AUTHORIZATION AND UNDERSTANDING**

**RELEASE OF PRIOR PERSONNEL INFORMATION**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, credit, or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me a written notice before revealing the information to you. I understand that no verification of my credit history or request for a 'consumer report' under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on my own, I release you and them from any liability whatsoever arising out of an information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

**AT-WILL EMPLOYMENT STATUS**

**I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS AGREEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT.** I agree that I shall be bound by the other rules, regulations, and terms and conditions of employment of the company as they are from time to time changed and that no additional obligations can be imposed by me on the company except those which have been acknowledged, in writing, by the company president or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such physical is required) are known.

**RELEASE FOR BACKGROUND SCREENING**

I authorize the Company to verify any information that I provide in connection with my employment. I release the Company and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

X \_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**LET US KNOW HOW YOU HEARD ABOUT US?**

Check all that apply:

- |                                  |  |                                     |                                     |                                     |                                 |                                   |
|----------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Another caregiver | <input type="checkbox"/> Internet   | <input type="checkbox"/> Local ad   | <input type="checkbox"/> Flyer      | <input type="checkbox"/> Radio  | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Google  | <input type="checkbox"/> YouTube           | <input type="checkbox"/> Indeed.com | <input type="checkbox"/> Craigslist | <input type="checkbox"/> Open house | <input type="checkbox"/> Friend | <input type="checkbox"/> Email    |

Other: *please let us know here* \_\_\_\_\_

If another caregiver from our company, please provide their name: \_\_\_\_\_