

Employment Application

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: Per Diem Number of Hours: _____
 Part Time Number of Hours: _____
 Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Home Phone Number Cell Phone Number

Email address

Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Internet _____
 Which newspaper? Which site?

Current Employee _____
 We'd like to thank them

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

(Agency Name) an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____
Reason for Leaving: _____

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Position: _____ Phone Number: (____) _____
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Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			
Military Service				
Branch of Service:	_____	Dates of Service:	_____	
Highest Rank Achieved:	_____	Currently in a Reserve Unit?	Yes / No	
Special Schooling and/or Duties:	_____			

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1.	_____		
2.	_____		
3.	_____		

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Availability: check all that you could work

Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___

Day hours ___ Evening hours (5-9P) ___ nights (9P-12MN) ___ overnights ___ live-in ___

Reference #1

Company Name:

Name:

Title:

Address:

Phone:

Email address:

Reference#2

Company Name:

Name:

Title:

Address

Phone:

Email address

