



Application for Employment

Personal

LAST NAME	FIRST NAME	MIDDLE	Social Security #	Date of Birth
PRESENT ADDRESS	CITY	COUNTY	STATE	ZIP CODE
				PHONE NUMBER
				How long?
PRIOR ADDRESS	CITY	COUNTY	STATE	ZIP CODE
				How long? Dates
Are you eligible to work in the United States? YES NO (Proof of eligibility will be required before you can be employed)			Are you at least 18 years old? YES NO	
Notify in case of Emergency	Phone Number		Date available to Work	Have you ever worked here before? YES NO If yes, position:
		<input type="checkbox"/> Part time <input type="checkbox"/> Full time		
Position applied for <i>Caregiver</i>			Date of Application	
Are you a U.S. Citizen? YES NO			If not a U.S. Citizen, are you an Alien lawfully authorized to Work in the U.S.? YES NO	
Have you ever been convicted of a felony or any type of offense other than a traffic violation? YES NO If yes, state the date of such offense(s), charge(s), and actions taken:				

References List at least two references. (personal or business)

Name #1	Relationship to you	Phone Number
Address	Years known	
Name #2	Relationship to you	Phone Number
Address	Years known	



Education

High school	City,	State	Circle grade completed: 9 10 11 12
			Did you graduate? YES NO
College(s)	City,	State	Graduated? Y N
1.			Degree and Major
2.			
Other job-related schooling, licenses, certifications, etc.:	Institution Name:		Expiration Date:
1.			
2.			
3.			

Work History

Give employment history for the last 10 years, starting with the most recent employer.

Employer Name, Address, Phone Number	Dates(Mo/Yr) From _____ To _____	Hourly Wage \$____/hr.	Job Description, Title Reason for Leaving
1.			
2.			
3.			
4.			

As an applicant for employment, I understand the following:

- This application will remain on active file for sixty (60) days. If I am not hired during this period, I will have to resubmit an application on file.
- Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- After an offer of employment has been extended, I may be required to complete a physical examination. This may include a drug screen, in order to determine my physical ability to perform my job duties with or without accommodation.
- My employment is not guaranteed for any term, and my employment may be terminated by my employer or myself at any time and for any reason.
- **I authorize you to contact any present or former employer to furnish any and all information regarding me, in connection with any decision concerning my employment.**

Signed: _____ Date: _____