

# Employment Application

## Employment/Reference Verification (applicants please fill out the top portion of this form)

Employer Name: \_\_\_\_\_

Dates Employed/Years Known From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attention HR:

I have applied for a position at Caring People and I authorize any and all previous employers to release any requested information on this form. I release from all liability the company, institution or person named below.

Signature of Applicant \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_ Position Applying For \_\_\_\_\_

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### **BOTTOM SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER**

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*Employers, please fill in the form below and **fax** it to the number listed below, this information will be kept strictly confidential. Thank you for your prompt response.*

Dates Employed/Years Known From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Would Your Re-Employ? ☐ YES ☐ NO

Quality of Work ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Attendance Record ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Appearance ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Initiative ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Cooperation ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Dependability ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Accepts Constructive Criticism ☐ Satisfactory ☐ Unsatisfactory ☐ Unable To Evaluate

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For office use only: ☐ Telephone ☐ Fax ☐ Mail

**For questions please call HR: 718-425-4601**  
**Please fax this completed form to: 718-425-4601**