**DAILY CARE SUPPORT SERVICES, INC.**

**APPLICATION FOR EMPLOYMENT**

### (Please Fill Out Completely)

Date of Application Email:

Print Full Name

Home Phone: Mobile:

Address

City State Zip Code

Position Applied For

# FOR OFFICE USE ONLY

### Documents required with this application (All) Check if attached.

1. Thoroughly completed employment application ()
2. Current Professional License (Signed), if any ()
3. Current CPR card/First Aid (Signed) ()
4. PPD/Chest X-Ray /Medical ()
5. One employment reference letter (phone # included). ()
6. Current Car Insurance ()
7. MDOT Record from MVA ()
8. Background Check (**a must**) ()

Any other information you have for employment.

**DAILY CARE SUPPORT SERVICES, INC.**

**APPLICATION FOR EMPLOYMENT**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation,**

**Incomplete applications will not be considered. This company will use the or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.**

**INSTRUCTIONS TO APPLICATION**

1. **Please fully and accurately complete the Application for Employment. Information given in the application to verify your previous employment and background.**
2. **The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.**
3. **Resume will not be accepted in lieu of completed applications but will be considered supplemental information.**
4. **If you are hired, proof of eligibility will be required to verify your lawful right to work in the United States. (Form I - 9 Work Eligibility)**

**DAILY CARE SUPPORT SERVICES, INC.**

**EMPLOYMENT APPLICATION FORM**

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| --- | --- | --- |
| PART A: PERSONAL INFORMATION | | |
| Title: Mr. /Miss /Mrs. Other (Please specify) | First Name(s): | Last Name: |
| Home Address: | Correspondence Address (If different: | |
| Home Telephone: Work Telephone:  May we contact you at work? Yes/ No | |  |
| Are you eligible to work in the United States? Yes/ No  Do you have a work permit or a right to work Visa? Yes/ No | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PART B: EDUCATION AND TRAINING | | |  |
| High School Name and Address | Dates Attended: | Diploma Received?  Yes No | Area of Study |
| Colleges/ Training Schools | Dates Attended: | Diploma Received?  Yes No | Area of Study |
| Professional trainings/ qualifications with dates and levels obtained | | | |

**DAILY CARE SUPPORT SERVICES, INC.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART C: PRESENT AND PAST WORK HISTORY | | | |  |
| Present or most recent employer and address: | Dates (month/ year) | Position Held and Duties: | Reason for leaving |
| Starting Salary: Ending Salary: | | May we contact this employer? Yes/ No If no, please indicate reason. | |

|  |  |  |  |
| --- | --- | --- | --- |
| PART D: WORK HISTORY | | | |
| Give details of your work history with the most recent listed first: ONE | | | |
| Employer and address: | Dates (month/ year) | Position Held and Duties: | Reason for leaving |
| Starting Salary: Ending Salary: | | May we contact this employer? Yes/ No If no, please indicate reason. | |

|  |  |  |  |
| --- | --- | --- | --- |
| PART D: WORK HISTORY | | | |
| Give details of your work history with the most recent listed first: TWO | | | |
| Employer and address: | Dates (month/ year) | Position Held and Duties: | Reason for leaving |
| Starting Salary: Ending Salary: | | May we contact this employer? Yes/ No If no, please indicate reason. | |

**DAILY CARE SUPPORT SERVICES, INC.**

PART E: SUPPORTING STATEMENT

Please indicate all relevant experience, skills and work history that relate to the job description for which you have applied. Please print clearly. All illegible entries will not be considered.

***(attach additional sheets if necessary)***

|  |
| --- |
| PART F; MEDICAL HISTORY |
| Can you lift a weight of seventy pounds? Yes/No |
| If no, please indicate your reason |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| PART G; CHARACTER REFERENCES | | | |
| Please list three-character references of which we may contact. | | | |
| Name | Relationship | Years of Affiliation | Telephone number |
|  |  |  |  |
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|  |  |  |  |

PART H; DECLARATION

By signing below, I, \_ \_ \_, on the date of

\_ , hereby certify that all information included in the above application is true and valid to the best of my knowledge. I also understand that misrepresentation or falsification of the information provided above will result in my immediate disqualification from the selection process and dismissal from any position appointed to by the Agency after discovery.

Name: \_ Date:

**DAILY CARE SUPPORT SERVICES, INC.**

**CONFIDENTIAL AGREEMENT**

***READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT***

I agree that except at the request and for the benefit of **Daily Care Support Services, Inc** I will not disclose to anyone or use for my own purposes any of **Daily Care Support Services, Inc** confidential or proprietary information, either during or after my employment. I understand and agree that **Daily Care Support Services, Inc** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to **Daily Care Support Services, Inc**

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized **Daily Care Support Services, Inc** to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation, or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorized and requested my former employers, references, and educational institutions which have information about me, to give **Daily Care Support Services, Inc** all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release **Daily Care Support Services, Inc** any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant: Date:

### RELEASE OF INFORMATION

I hereby authorized all prior employers, schools, credit bureaus, social security Administration. Law enforcement agencies and investigative agencies to give **Daily Care Support Services, Inc** all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to **Daily Care Support Services, Inc** and all its employees form all liability for any damage that may result from furnishing information to **Daily Care Support Services, Inc** I also release to **Daily Care Support Services, Inc** and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print) \_ Social Security Number / /

Signature of Applicant Date: / /

**DAILY CARE SUPPORT SERVICES, INC.**

**CONFLICT OF INTEREST**

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. If I terminate my employment with Daily Care Support Services, I will not work for any patient I have worked for with Daily Care Support Services for a period of two years or pay a fine of $2500.00. All assignments are considered Per Diem, there are no full or part time positions with Daily Care Support Services, Inc. due to the demands of the patients, and change in patient’s condition and needs. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_