



EMPLOYEE APPLICATION

All prospective employees will receive consideration without discrimination because of race, color, religion, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

DATE:

LAST NAME:

FIRST NAME:

MI:

STREET ADDRESS:

CITY,:

STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

SOCIAL SECURITY #:

Is your last name different from your the name listed on the this application?

If YES, Write your last name.

Emergency contact (person not living with you):

Have you ever applied for employment with this agency?

How many hours a week are you available for work?

Are you legally eligible for employment in the United States?

What time of the day are you willing to work?

Position applying for:

Reason for applying for this position:



EDUCATION

List your educational experiences below, starting with the most recent.

Institute:

Program:

Education Level:

Start Date:

Graduation Date:

Institute:

Program:

Education Level:

Start Date:

Graduation Date:

EXPERIENCE

List your work experiences below, starting with your most recent

Employer:

Start Date:

End Date:

Address:

Phone:

Job Title:

Duties:

Reason for leaving:

Employer:

Start Date:

End Date:

Address:

Phone:

Job Title:

Duties:

Reason for leaving:

PROFESSIONAL REFERENCES

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:



CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/ EQUIPMENT OPERATED

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care or a Community Support Agency? Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full:

Are you capable of performing the job set forth in the job description?

If you answered NO, which job requirement can you not meet?

ACKNOWLEDGEMENT/AUTHORIZATION

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This application shall be considered active for a period of time not exceeding 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire with the Agency regarding their application.

I understand that if hired, my employment is for no definite period and may be terminated at any time for any lawful reasons , without prior notice and with or without cause.

SIGNATURE:

DATE: