

APPLICATION FOR EMPLOYMENT

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

PERSONAL

_____	_____	_____	_____
First Name	Last Name	Middle	Date
_____			_____
Street Address			Home Phone
_____			_____
City, State, Zip Code			Cell Phone
_____			_____
S.S. #			Birth Date
_____			_____
Email address			

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? _____ Yes _____ No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

How did you learn of our organization? _____ Newspaper Ad _____ Agency employee _____ Other

Are you willing to work: _____ Evenings? _____ Weekends? _____ Overnight? _____ Live In?

Position applying for: _____ CNA _____ Home Maker /Caregiver
Other _____ (Specify)

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EDUCATION:

School Name College:	Location of School	Course of Study	Years of	Degree/Diploma
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Vo-Tech or Trade:

High School:

Other:

Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

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Was your last name different from your present name during the above listed jobs?

Yes__ No__

If Yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____
Address: _____

2. Name: _____ Telephone: _____
Address: _____

3. Name: _____ Telephone: _____
Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

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? Yes__ No__

If you answered No, which job requirement can you not meet? _____

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CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

SIGNATURE _____

DATE : _____

Please attach copies of:

Copy of Driver license Proof of insurance

CNA certificate or Medical diploma

Resume if possible

