

**EMPLOYMENT APPLICATION**

***It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.***

**Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.**

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|  Position applying for: [ ] Homemaker [ ] Personal Care Attendant [ ] Registered Nurse [ ] Caregiver Coach [ ] Structured Family Caregiver |

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| **PERSONAL DATA** |
| Name (last, first, middle) Click or tap here to enter text. |
| Street Address and/or Mailing Address Click or tap here to enter text. | City/StateClick or tap here to enter text. |  ZipClick or tap here to enter text. |
| Home Telephone Number Click or tap here to enter text. | Business Telephone Number Click or tap here to enter text. | Cellular Telephone NumberClick or tap here to enter text. |
| Date you can start work Click or tap here to enter text. | Salary Desired Click or tap here to enter text. | Do you have a High School Diploma or GED? [ ] **Yes** [ ] **No** |
| **POSITION INFORMATION** Check all that you are willing to work |
| Desired Hours: [ ] **Full Time** [ ] **Part Time**  | [ ] **Days**[ ] **Evenings** | [ ] **Nights** [ ] **Weekends**[ ] **PRN**(indicate availability): |
| Are you authorized to work in the U.S. on an unrestricted basis? [ ] **Yes** [ ] **No** |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) [ ] **Yes** [ ]  **No;**  **If yes, explain:** Click or tap here to enter text. |
| Have you been told the essential functions of the job, or have you viewed a copy of the job description listing the essential functions of the job?  [ ] **Yes** [ ]  NoCan you perform these essential functions of the job with or without reasonable accommodation? [ ] **Yes** [ ]  **No** |
| **QUALIFICATIONS** Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. |
|  | School Name |  Degree  | Address/City/State |
| School | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| School | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **LICENSES/CERTIFICATIONS** Please list any active licenses/certifications required for the position you are applying for and/or that you feel relates to the position applied for that would help you perform the work (i.e. Registered nurse, CNA, LCSW, First Aid/CPR certification, etc.) |
| License/Certification Type | Issue Date | Expiration Date |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| **SPECIAL SKILLS** List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc. |
| Click or tap here to enter text. |
| **REFERENCES** Please list three (3) references not related to you, with full name, address, phone number, and relationship: At least two (2) Professional references; one (1) may be a personal reference not related to you. |
| Name  | Address/City/State  | Phone  | Relationship |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheets if necessary. (INCLUDE PAID AND UNPAID POSITIONS) |
| **Job Title #1**Click or tap here to enter text. | Start Date (mo./day/yr.) Click or tap to enter a date. | End Date (mo./day/yr.) Click or tap to enter a date. |
| Company Name Click or tap here to enter text. | Supervisor’s Name Click or tap here to enter text. | Phone Number Click or tap here to enter text. |
| City Click or tap here to enter text. | State Click or tap here to enter text. | Zip Click or tap here to enter text. |
| Duties: Click or tap here to enter text. |
| Reason for Leaving Click or tap here to enter text. | Starting Salary Click or tap here to enter text. | Ending Salary Click or tap here to enter text. |

**May we contact your present employer?** [ ] **Yes** [ ]  **No** [ ]  **N/A**

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| **Job Title #2** Click or tap here to enter text. | Start Date (mo./day/yr.) Click or tap to enter a date. | End Date (mo./day/yr.) Click or tap to enter a date. |
| Company Name Click or tap here to enter text. | Supervisor’s Name Click or tap here to enter text. | Phone Number Click or tap here to enter text. |
| City Click or tap here to enter text. | State Click or tap here to enter text. | Zip Click or tap here to enter text. |
| Duties: Click or tap here to enter text. |
| Reason for Leaving Click or tap here to enter text. |  | Starting Salary Click or tap here to enter text. | Ending Salary Click or tap here to enter text. |
|  |  |  |
| **Job Title #3** Click or tap here to enter text. | Start Date (mo./day/yr.) Click or tap to enter a date. | End Date (mo./day/yr.) Click or tap to enter a date. |
| Company Name Click or tap here to enter text. | Supervisor’s Name Click or tap here to enter text. | Phone Number Click or tap here to enter text. |
| City Click or tap here to enter text. | State Click or tap here to enter text. | Zip Click or tap here to enter text. |
| Duties: Click or tap here to enter text. |
| Reason for Leaving Click or tap here to enter text. |  | Starting Salary Click or tap here to enter text. | Ending Salary Click or tap here to enter text. |
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| **Job Title #4** Click or tap here to enter text. | Start Date (mo./day/yr.) Click or tap to enter a date. | End Date (mo./day/yr.) Click or tap to enter a date. |
| Company Name Click or tap here to enter text. | Supervisor’s Name Click or tap here to enter text. | Phone Number Click or tap here to enter text. |
| City Click or tap here to enter text. | State Click or tap here to enter text. | Zip Click or tap here to enter text. |
| Duties: Click or tap here to enter text. |
| Reason for Leaving Click or tap here to enter text. | Starting Salary Click or tap here to enter text. | Ending Salary Click or tap here to enter text. |

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an “at will” employer. Therefore, any employee (regular or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

 **Applicant Signature**:­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_