



Employment Application

DATE: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PERSONAL INFORMATION

Name (Last, First, Middle)	Home Phone Number
Address	Cell Phone Number
City/State/Zip	E-mail
Social Security Number	How Long at this Address
Are you legally eligible for employment in the U.S.? [] YES [] NO	Are you 21 yr of age? [] YES [] NO
Have you been convicted of a crime? [] YES [] NO If Yes, list convictions that are a matter of public record.	

EMPLOYMENT DESIRED

Position Desired	Date you can start	Wage Desired
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SCHEDULE AVAILABILTY

Seeking:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call _____ Hours per Week
Available to Work:	<input type="checkbox"/> Days 6am/2pm <input type="checkbox"/> Evenings 2pm/10pm <input type="checkbox"/> Nights 10pm/6am <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am 2pm							
2pm 10pm							
10pm 6am							

DO YOU HAVE A DRIVER'S LICENSE? [] Yes [] No

What is your means of transportation to work? _____

EMPLOYMENT RECORD List below your most recent three employers, starting with the most recent one first.

Are you currently employed? YES NO

<i>EMPLOYER</i>	<i>EMPLOYMENT DATES</i>	<i>HOURLY WAGE OR SALARY</i>	<i>POSITION</i>
1. Name	From _____ To _____	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name	From _____ To _____	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name	From _____ To _____	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
List and describe periods of unemployment of more than 60 days.			

EDUCATION

<i>NAME AND LOCATION OF SCHOOL</i>	<i>YEARS COMPLETED</i>	<i>GRADUATED? (YES/NO)</i>	<i>DEGREE RECEIVED</i>
High School			
College			

SPECIAL TRAINING

<i>CLASSES AND LOCATION</i>	<i>DATE RECEIVED</i>	<i>DATE EXPIRED</i>	<i>COMMENTS (Office Use)</i>
Caregiver Certificate			
CPR			
First Aid			
TB Test			
Finger Print Card			

PROFESSIONAL REFERENCES Please provide the names of two professional references, which you have known for at least one year.

1. Name	How do you know this person?	Years acquainted?
Company Name / Address	Home Phone: Business Phone:	May we contact: [] Yes [] No
2. Name	How do you know this person?	Years acquainted?
Company Name / Address	Home Phone: Business Phone:	May we contact: [] Yes [] No

EMERGENCY CONTACTS Please provide the names of two EMERGENCY CONTACTS, which you have known for at least one year.

1. Name	How do you know this person?	Years acquainted?
Address	Home Phone: Business Phone:	May we contact: [] Yes [] No
2. Name	How do you know this person?	Years acquainted?
Address	Home Phone: Business Phone:	May we contact: [] Yes [] No

READ CAREFULLY BEFORE SIGNING: I certify that the statements contained on this application are true. I understand that false or misleading statements on this application, any resume or during any interview may be grounds for immediate disqualification or dismissal. I agree that a thorough investigation of my background may be made and I authorize my former employers and other persons or organizations to provide any information they have about my background and I release all concerned from any liability in connection therewith. I understand that if offered a position, I will be required to submit employment eligibility proof (I-9) and pass a criminal background check. I also understand that I may be required to pass a drug examination. I further understand that employment may be terminated at will. If hired, I agree to be bound by all policies, rules and regulations of my employer. This application for employment will be considered active for a period of six months.

SIGNATURE OF APPLICANT

DATE