



# IDT HOME CARE, LLC

## Application for Employment

850 Concourse Parkway, South Suite 200

Maitland, FL 32751

+1 (407)-270-1636

PERSONAL INFORMATION					
FIRST NAME		LAST NAME		PHONE NUMBER	
ADDRESS					
CITY		STATE	ZIP	EMAIL	
DATE OF BIRTH		IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ELIGIBLE TO WORK IN THE US?		HAVE YOU EVER BEEN CONVICTED OF A FELONY?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES (EXPLAIN): _____ <input type="checkbox"/> NO			

EMPLOYMENT DESIRED		
POSITION	DATE AVAILABLE TO START	SALARY DESIRED
EMPLOYMENT TYPE	EMPLOYMENT DESIRED.	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	

PREVIOUS EMPLOYMENT				
COMPANY NAME	REASON FOR LEAVING	JOB DUTIES	POSITION	PAY

EDUCATION			
SCHOOL NAME	YEARS ATTENDED	DID YOU GRADUATE	DEGREE / DIPLOMA

REFERENCES			
NAME	COMPANY	PHONE	EMAIL

**CERTIFICATIONS / LICENSES**  
**(PROVIDE LICENSE NUMBER AND EXPIRATION DATE)**

1.

2.

3.

4.

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE. I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE THE REFERENCES LISTED TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

INTERVIEWED BY: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

ADDITIONAL NOTES/COMMENTS:

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