



Alternative Senior Care Solutions Application for Employment

Personal Information

Date _____
Name _____ Social Security No. _____
Present Address _____
Permanent Address _____
Phone Number _____ Referred by _____

Employment Desired

Position _____ Date Available _____ Salary Req. _____
Are you employed? _____ If so, may we inquire of your present employer _____
Ever applied to this company? _____ Where? _____ When? _____

Education

	Name & Location of School	*Years Attended	*Date Graduated	Area of Study
Grammar School				
High School				
College				
Trade, Business or Correspond. School				

General

Subjects of Special Study or Research Work _____
What foreign languages do you speak fluently? _____
Read _____ Write _____
U.S. Military Service _____ Rank _____
Member of National Guard/Reserves? _____

Special Questions

Do not answer **any** of the questions in this framed area unless the employer has **checked a box preceding** a question, thereby indicating that the information is required for a bona fide occupational qualification, is dictated by National Security Laws, or is needed for other legally permissible reasons.

Height _____ feet _____ inches Other _____

Weight _____ lbs

U.S. Citizen yes no

Date of Birth* _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Record

Do you have any physical defects that preclude you from performing any work for which you are being considered? _____

Where you ever injured? _____ Give Details: _____

Have you any defects in hearing? _____ In vision? _____ In speech? _____

In case of emergency, notify: _____

Former Employers

(List below your last four employers, starting with the most recent one first.)

Date (M/Y)	Name & Address of Employer	Salary	Position	Reason Left
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References

	Name	Address & Phone	Business	Years Known
1				
2				
3				

Remarks

Appearance _____ Character: _____
:

Personality _____ Ability _____

Hired: _____ For Dept.: _____ Position _____

Will Report: _____ Salary/Wages _____

Approved 1. _____ 2. _____ 3. _____

Employment Manager: _____ Dept. Head: _____

General Manger _____

This form has been designed to comply with State and Federal Fair Employment Practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are

appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form assumes no responsibility, and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal Fair Employment Practice laws may be based.