Standard Application for Employment

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 <u>must</u> be answered.

"Employer" Merak	i Home Care	:	Position apply	ing for						
PERSONAL DATA										
Name (last, first, middle)										
Street Address and/or Mailing Ad	dress		City				State	Zip		
Home Telephone Number		Business Telephone	Number		Cellular Te	elephone	Number			
Date you can start work		Salary Desired			Do you have a High School Diploma or GED? Yes ☐ No ☐			D?		
POSITION INFORMAT	ON Check all that	you are willing to work	ζ							
Hours: Full Time Part Time	Days Even	ings 🗆	Grave					gular mporary		
Are you authorized to work in the	U.S. on an unrestricted	d 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:										
Can you perform these essential for	unctions of the job with	or without reasonable a	accommodation?	Yes		No			schools, colleges,	
	School N	ame	nme Degree			Address/City/State				
School										
School										
Other										
SPECIAL SKILLS List an	special skills or expense	rience that you feel wou	ld help you in the po	sition that	t you are appl	lying for	(leadership,	organization	ns/teams, etc.	
REFERENCES Please list professional references, then list p		Perences not related to your ences.	ou, with full name, a	ddress, pł	none number,	, and rela	ationship. If	you don't ha	ive three	
Name		Address/City/State				Pho	one	Re	elationship	

WORK HISTORY Start with your present or most recent employee	oyment and work b	ack. Use separate sheet if necessary.	(INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes	No				
Job Title #2	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for Employed, false statements, omissions or misrepresentations may et forth in this application and release the Employer from any lia I acknowledge and understand that the company is an "mployee) may resign at any time, just as the employer may term r without notice to the other party.	result in my disrability. The emptate will" employe	missal. I authorize the Employer loyer may contact any listed refe er. Therefore, any employee (reg	to make an investigation of any of the facts rences on this application. ular, temporary, or other type of category			
pplicant Signature		Date				