



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Oak Tree Home Care, LLC



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process Oak Tree Home Care needs to complete a background check on me regarding:

- | | |
|--------------------------------------|--------------------------------------------------|
| 1. Criminal record; | 6. Motor Vehicle Records; |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification; | 8. Medical Suitability |
| 4. Education Verification; | 9. Drugs/Alcohol |
| 5. License Verification; | |
- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Oak Tree Home Care or its authorized agent(s).
 - I understand that this authorization is to be part of the written and signed employment application.
 - I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
 - I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
 - I further authorize that a photocopy of this authorization may be considered as valid as the original.
 - I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Oak Tree Home Care is contingent upon successful completion of a background check.

Signature Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____