**Employment Application**

Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910 and submit to a drug test as provided by S.C. Code Section 44-70-60(B).

|  |
| --- |
| **Position Desired:……… …..…… …………. Date:…………….….** |

Name……………………………………………………………. Middle Name……… …

Address………………………………………. City……………..………. State…………..

Prior Address (If you have been at current address for less than 12 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#……………..….. Cell Phone#…………………….

In case of emergency notify………………………………. Relation……...……….………..

Emergency Contact Address……………………………………… Phone#................. .........

**Personal Information**

Social Security Number…………………………… Date of Birth………………...

Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Available…………………………………… Available on Weekends………………

Are you willing to travel to ……Edgefield ……Abbeville ……McCormick ……Greenwood ……Clinton ……Saluda ……Laurens \_\_\_\_Greenville

How were you referred to our Company?......................................................................

Have you worked for our Company previously?………………….. If so, When?....................................

Have you ever been convicted of a crime?......... If so, describe where, when and charge upon which convicted?......................................\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

High School- Number of years completed: **1 2 3 4**

High School you attended…………………………… City…….…………… State……..…

High School Diploma……………. G.E.D…………….

College- Number of years completed: **1 2 3 4**

College you attended…………………………… City…….………………… State… ….

Major………………………………...………. Degree Earned……… ……

**Special Training/Healthcare qualifications, if applicable:**

………………………………………………………………………………………………

………………………………………………………………………………………………

**Employment History** (List Last Employer First)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **Month/Year** | **Name & Address of Employer** | **Salary** | **Position** | **Reason for Leaving** |
| From:…….  To:…….… | Supervisor: |  |  |  |
| From:…….  To:…….… | Supervisor: |  |  |  |
| From:…….  To:…….… | Supervisor: |  |  |  |

**References**- Give the names of three job related references. (Teachers, Supervisors, Patients, or Patient Family Members)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Occupation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**READ CAREFULLY BEFORE SIGNING.**

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATION AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. I FURTHER CERTIFY THAT THE ANSWERS PROVIDED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSE STATEMENTS SHALL BE CAUSE FOR DISMISSAL.

**APPLICATION SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE**