



## Employment Application Form

### Applicant Information

- Full Name: \_\_\_\_\_
  - DOB \_\_\_\_\_ SSN \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Preferred Method of Contact:
    - Phone
    - Email
  - Date Available to Start: \_\_\_\_\_
  - Are you legally authorized to work in the United States?
    - Yes
    - No
  - Have you ever been convicted of a felony?
    - Yes
    - No
- If yes, please provide details:
- 

### Employment History

Current or Most Recent Employer:

- Company Name: \_\_\_\_\_
- Position Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Key Responsibilities: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

Previous Employer:

- Company Name: \_\_\_\_\_
- Position Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Key Responsibilities: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

*Please attach a separate sheet for additional employment history if necessary.*

## Education

- Highest Level of Education Completed:
    - High School Diploma
    - Associate Degree
    - Bachelor's Degree
    - Master's Degree
    - Other: \_\_\_\_\_
  - Institution Name:
  - Field of Study:
  - Year of Graduation:
- 

## References

Please provide the contact details for two professional references:

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 

## Skills and Qualifications

- Relevant Certifications or Licenses: \_\_\_\_\_
  - Skills and Competencies: \_\_\_\_\_
  - Languages Spoken: \_\_\_\_\_
  - Why are you interested in joining our organization?
- 

Desired/expected Salary per hour: \_\_\_\_\_

## Availability

- Days Available:  
 Monday       Tuesday       Wednesday       Thursday       Friday
  - Hours Available:  
 Mornings       Afternoons
- 

## Emergency Contact

- Name:
  - Relationship:
  - Phone Number:
- 

## Military Service

- Are you a veteran?  
 Yes  
 No
- 

## Background Check Consent

- Are you willing to undergo a background check if required?  
 Yes  
 No
- 

## Applicant's Statement

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may result in the rejection of my application or, if employed, immediate termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Thank you for your interest in joining our team at Compassion2Care, LLC.