



## APPLICATION FOR PART-TIME EMPLOYMENT

PERSONAL INFORMATION			
FULL NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:		HOME PHONE:	MOBILE PHONE:
DOB:		SOCIAL SECURITY NUMBER: _____-_____-_____	
ARE YOU A US CITIZEN? YES _____ NO _____		(IF NOT A US CITIZEN) ARE YOU AUTHORIZED TO WORK IN THE US? YES _____ NO _____ A# _____ EXP DATE: _____	
DO YOU HAVE A DRIVER'S LICENSE? YES _____ NO _____ LIC # _____	DO YOU OWN A VEHICLE (NOT SHARED)? YES _____ NO _____	IS YOUR VEHICLE INSURED? YES _____ NO _____	
HAVE YOU EVER BEEN CONVICTED OF A FELONY/CRIME? YES _____ NO _____			
IF YOU ANSWERED YES PLEASE EXPLAIN: _____ _____			

AVAILABILITY		
START DATE: (MM/DD/YY) _____/_____/_____	HOURS AVAILABLE TO WORK? _____ AM _____ PM	CAN YOU PROVIDE LIVE-IN CARE? YES _____ NO _____
DAYS AVAILABLE TO WORK: SUN _____ MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____		

EDUCATION				
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

REFERENCES			
NAME	TITLE	COMPANY	PHONE

EMPLOYMENT HISTORY (PLEASE LIST EMPLOYERS FROM YOUR MOST RECENT ONE FIRST)			
EMPLOYER 1:	JOB TITLE:	WORK PHONE:	
DATES EMPLOYED:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____	
ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYER 2:	JOB TITLE:	WORK PHONE:	
DATES EMPLOYED:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____	
ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYER 3:	JOB TITLE:	WORK PHONE:	
DATES EMPLOYED:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____	
ADDRESS:	CITY:	STATE:	ZIP:

SIGNATURE DISCLAIMER	
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 TERMINATION.	
NAME: (PLEASE PRINT)	SIGNATURE:
DATE:	

COMMENTS: \_\_\_\_\_  
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