

EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of Passionate About You Private Homecare, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Full Name:

_____ Home

Address: _____

City /State /ZIP:

Home _____ Mobile phone:

Social Security Number: _____

Driver's License (State /Number): _____

Emergency Contact

Who should be contacted if you are involved in an emergency:

Contact Name:

Relationship to you:

Address: _____

City /State /ZIP:

Daytime phone: _____ Evening phone:

ε. Job Position Applied For:

Full or Part Times: _____

ο. Salary Desired: \$ _____ per hour _____

τ. Who referred you to our company:

Do you have any friends or relatives who work here: _____ Yes _____ No

If yes, please list here:

υ. Have you applied to our company previously: _____ Yes _____ No

If yes, when: _____

ϕ. Are you at least 18 years old: _____ Yes _____ No

ϑ. How will you get to work:

10. Are you willing to work any shift, including nights and weekends: _____ Yes _____ No

11. If applicable, are you available to work overtime: _____ Yes _____ No

12. If you are offered employment, when would you be available to begin work: Start Date: _____

13. If hired, are you able to submit proof that you are legally eligible for employment in the United States: _____ Yes _____ No

14. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation: _____ Yes _____ No

What reasonable accommodation, if any, would you request:

15. Applicant's Skills

Check those skills that you have . List any other skills that may be useful for the job you are seeking . Enter the number of years of experience and circle the number which corresponds to your ability for each skill . (One represents poor ability , while five represents exceptional ability .)

Skill Years of Experience Rating

📖 📖 Typing wpm _____ ١ ٢ ٣ ٤ ٥

📖 📖 Microsoft Office Suite (Word , Excel , etc .) ١ ٢ ٣ ٤ ٥

📖 📖 Customer service ١ ٢ ٣ ٤ ٥

١٦ . Applicant Employment History

List your current or most recent employment first . Please list all jobs (including self-employment and military service) which you have held , beginning with the most recent , and list and explain any gaps in employment . If additional space is needed , continue onto the back page of this application .

Employer Name :

Supervisor Name :

_____ Address :

City /State /ZIP :

Job Duties :

Reason for Leaving :

_____ Dates of

Employment (Month /Year) : _____

Employer Name :

Supervisor Name :

_____ Address :

City /State /ZIP :

Job Duties:

Reason for Leaving:

_____ Dates of
Employment (Month /Year): _____

Employer Name:

Supervisor Name:

_____ Address:

City /State /ZIP:

Job Duties:

Reason for Leaving:

_____ Dates of
Employment (Month /Year): _____

iv. Applicant's Education and Training

College /University

Name:

_____ Address:

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received:

High School /GED Name and Address

_____ Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold :

Awards, Honors, Special Achievements :

References

List any two non-relatives who would be willing to provide a reference for you .

Name: -----

Address: -----

City /State /ZIP: -----

Telephone: -----

Relationship: -----

Name: -----

Address: -----

City /State /ZIP: -----

Telephone: -----

Relationship: -----

18. Please provide any other information that you believe should be considered , including whether you are bound by any agreement with any current employer :

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorized Passionate About You Private Homecare, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those people designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Passionate About You Private Homecare, LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE