



Employment Application

Personal Information	
Name	First _____ Middle Initial _____ Last _____
Address	Street _____ Apartment _____ City _____ State _____ Zip _____
Phone	Home _____ Cell _____ Other _____
Email	Email Address _____
Date of Birth	Day _____ Month _____ Year _____
SSN	Social Security Number: _____
Gender	Male _____ Female _____
Job Title	Position _____ Pay _____ Hours & Availability _____
Education	
Formal	Diploma _____ Certificate _____ Degree _____ Other _____
PCW Skills	
PCW Skills Experience	Indicate which of the following you have experience in: _____ Bathing/Showering _____ Housekeeping _____ Grooming _____ Laundry _____ Personal Hygiene _____ Meal Preparation _____ Dressing _____ Shopping _____ Bowel Care _____ Transportation _____ Bladder Care _____ Medication Reminding _____ Feeding _____ Friendly Reassurance Phone Call or Home Visit _____ Ambulation _____ Socialization _____ Toileting _____ Other (Specify) _____
Employment Experience	



Work History	Employer _____
	From: _____ To: _____
	Job Title _____
	Pay Rate _____
	Phone _____
	Address _____
	Job Duties _____
Work History	Employer _____
	From: _____ To: _____
	Job Title _____
	Pay Rate _____
	Phone _____
	Address _____
	Job Duties _____
Work History	Employer _____
	From: _____ To: _____
	Job Title _____
	Pay Rate _____
	Phone _____
	Address _____
	Job Duties _____
Reference Information	
Reference	1. _____ Phone: _____
	2. _____ Phone: _____
	3. _____ Phone: _____

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references, and any other individual/organizations to provide information to Guardian Personal Care Services, LLC **and** I hereby release and discharge any of the above Guardian Personal Care Services, LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a criminal background check.

Applicant's Signature

Date