



APPLICATION FOR EMPLOYMENT

| PERSONAL DATA | | | | | | |
|--|------|-----------------------------|------------------------------|------------|------------|--|
| NAME | LAST | FIRST | M | DATE | HOME PHONE | |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | | | | CELL PHONE | | |
| | | | | EMAIL | | |
| MALE / FEMALE | | | WANT LIVE-IN CARE - YES / NO | | FAX NUMBER | |
| VEHICLE (YEAR, MAKE) | | DRIVER'S LICENSE - YES / NO | | | | |

| PLACEMENT INFORMATION | | | | | | |
|-------------------------|--------|---------|--------------------------------|----------|---|----------|
| DATE AVAILABLE | | | IDEAL NUMBER OF HOURS PER WEEK | | Are you available for overnight shifts? | |
| HOURS AVAILABLE TO WORK | | | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | |

| EDUCATION | | | | | |
|--|----------|---------|--------|-------|--|
| LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES | | | | | |
| NAME OF SCHOOL | LOCATION | SUBJECT | DEGREE | YEARS | |
| | | | | | |
| | | | | | |
| | | | | | |

| REFERENCES | | | |
|------------|--------------|------------------|-------|
| NAME | RELATIONSHIP | TELEPHONE NUMBER | YEARS |
| | | | |
| | | | |
| | | | |

| EMPLOYMENT HISTORY | | | |
|-----------------------|--|---|---|
| PRESENT/LAST EMPLOYER | | TELEPHONE NUMBER () | SUPERVISOR'S NAME |
| ADDRESS | | POSITION TITLE | MAY WE CONTACT? CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | | DATES EMPLOYED ___/___ TO ___/___ MO YR MO YR | REASON FOR LEAVING |

| | | |
|-------------------------|---|--|
| FIRST PREVIOUS EMPLOYER | TELEPHONE NUMBER () | SUPERVISOR'S NAME MAY WE CONTACT? |
| ADDRESS | POSITION TITLE | CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR | REASON FOR LEAVING |
| NEXT PREVIOUS EMPLOYER | TELEPHONE NUMBER () | SUPERVISOR'S NAME MAY WE CONTACT? |
| ADDRESS | POSITION TITLE | CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR | REASON FOR LEAVING |

| EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS |
|--|
| DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION |
| |

| | | |
|---|----------|--|
| HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS? | YES / NO | TESTED POSITIVE / NEGATIVE |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? | YES / NO | IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED? |
| DO YOU HAVE A CLEAN DRIVING RECORD? | YES / NO | IF NO, PLEASE EXPLAIN? |

By signing this application, I certify this information to be true and agree to allow Our Care Senior Solutions to perform a criminal history background check, at their leisure, and I give permission to Our Care Senior Solutions, to check my references.

_____/_____
SIGNATURE DATE

Please mail this form to:

Our Care Senior Solutions
430 Hwy 6 South Suite 209
Houston, Tx 77079

Alternatively you can fax the form to:

832-850-7122