



Cast Your Care Health Care, LLC

EMPLOYMENT APPLICATION

Date _____

SS# _____

Name: _____

First

Middle

Last

Address _____

Street

City

State

ZIP/Postal Code

Telephone () _____ Cell Phone () _____

E-Mail address _____ How did you hear about us _____

Type of employment desired _____ Please Specify Days and Hours Available _____

Position applied for _____ Full-time Part-time PRN

Current hourly pay rate \$ _____ Desired pay per hour \$ _____

Are you legally eligible to work in the US? Yes No

Are you available to work Call Outs, if needed? Yes No

Have you ever been employed at Cast Your Care Health Care, LLC? Yes No

If yes, when? _____ Why did you leave? _____

Do you have any friends or family employed at this location? Yes No

FYI: Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

During the hiring process, do you agree to provide a criminal background check? Yes No

During the hiring process, do you agree to provide a Motor Vehicle Record? Yes No N.A. _____

EMPLOYMENT BACKGROUND

List your previous employers beginning with the most recent employer.

Employer Name:	Phone: ()	FROM	TO	Responsibilities:
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer name:	Phone: ()	FROM	TO	Responsibilities:
Address				
Job Title		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer Name:	Phone: ()	FROM	TO	Responsibilities:
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer Name:	Phone: ()	FROM	TO	Responsibilities:
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	

Educational Background: Please Answer The Following Questions

List previous educational history

Institution	Field of study	Graduated
		Yes No
		Yes No
		Yes No

Document Checklist

Documents	Current	Expires
CNA Certification	Yes No	
CPR/ First Aid	Yes No	
Driver's License	Yes No	
TB Screening	Yes No	

References: List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

Name	Relationship	Years acquainted	Phone Number

Cast Your Care Health Care, LLC is an equal opportunity employer and we are dedicated to a policy of non-discrimination on any basis. It is our policy to employ qualified people without regard to race, color, creed, religion, sex, sexual orientation, age, marital status, disability, national origin, ancestry, veteran status, medical condition, or any other characteristic protected by applicable state or federal civil rights laws.

****CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant's Signature _____ Date _____