

## APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

### PERSONAL

_____	_____	_____	_____
Last Name	First	Middle	Date
_____			_____
Street Address			Home Phone
_____			_____
City, State, Zip Code			Business Phone
_____			_____
S.S. #			Date of Birth

Emergency contact (person not living with you) \_\_\_\_\_

Have you ever applied for employment with this Agency? \_\_\_\_ Yes \_\_\_\_ No

How many hours a week are you available for work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

How did you learn of our organization? \_\_\_\_ Newspaper Ad \_\_\_\_ Agency employee \_\_\_\_ Other

Are you willing to work: \_\_\_\_ Evenings? \_\_\_\_ Weekends?

Position applying for: \_\_\_\_\_

## EDUCATION:

School Name	Location of School	Course of Study	Years of	Degree/ Study
Diploma College:				
Vo-Tech or Trade:				
High School:				
Other:				

## Employment:

—List the last five years employment history, starting with the most recent employer.

1. Company Name:	Telephone:
Address:	Dates of Employment:
	From To
City State Zip Code	Starting Pay:
Job Title and Describe your work:	Reason for leaving:
2. Company Name:	Telephone:
Address:	Dates of Employment:
	From To
City State Zip Code	Starting Pay:
Job Title and Describe your work:	Reason for leaving:
3. Company Name:	Telephone:
Address:	Dates of Employment:
	From To
City State Zip Code	Starting Pay:
Job Title and Describe your work:	Reason for leaving:

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Was your last name different from your present name during the above listed jobs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your name? \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

### PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

### GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by previous employer:

Date of employment: From: \_\_\_\_\_ to: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes ☐ No ☐

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_

Reference check performed by \_\_\_\_\_

# APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by previous employer:

Date of employment: From: \_\_\_\_\_ to: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_\_ No \_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_

Reference check performed by \_\_\_\_\_

## Employee Emergency Contact Information

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

\*In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

\*Please notify this Agency immediately if any of the emergency contact information changes.