

Application for Employment

Name _____
Last First MiddleAddress _____
Street City State/Province ZIP/Postal Code

Phone # _____ DOB: _____

E-Mail address _____ Social Security Number _____

Position(s) applied for Caregiver CNA Other: _____ Date available _____Type of employment desired Full-Time
 Part-Time
 CasualThis position requires flexible availability to include overnight. Please provide days and times you are unavailable: _____

_____If currently employed, may we contact your employer? Yes No

Rate of Pay Expected \$ _____ per hour

Have you ever been employed as a caregiver? Yes NoAre you legally eligible for employment in this country? Yes NoDo you have any physical or mental disabilities? Yes NoDo you have any disability or injuries that would prevent you from performing duties as a care giver? Yes NoAre you available to work overtime if required? Yes NoHave you been employed at this company before? Yes No

If yes, month and year employment ended? _____

Do you have any friends or family employed with our Company? Yes NoHave you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

Do you have and pending criminal charges against you? Yes NoIf considered for hiring, will you agree to undergo a criminal background check and drug screening?
 Yes NoIf considered for hiring, will you agree to provide a driver's license? Yes No

EDUCATIONAL BACKGROUND

List previous three educational institutions attended, beginning with high school.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Relevant certifications, training, and licenses

Type

Date

Do you have the following: CPR No Yes Last Certified _____
 First Aid No Yes Last Certified _____
 CNA No Yes Last Certified _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		



Date:

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER

\$	per
----	-----

REASON FOR LEAVING

HOURLY RATE/SALARY	
FINAL	

MAY WE CONTACT FOR REFERENCE?

Yes No Later

\$	per
----	-----

EMPLOYER

TELEPHONE

DATES EMPLOYED	
FROM	TO

SUMMARIZE JOB RESPONSIBILITIES

()

ADDRESS

JOB TITLE

HOURLY RATE/SALARY	
STARTING	

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER

\$	per
----	-----

REASON FOR LEAVING

HOURLY RATE/SALARY	
FINAL	

MAY WE CONTACT FOR REFERENCE?

Yes No Later

\$	per
----	-----

EMPLOYER

TELEPHONE

DATES EMPLOYED	
FROM	TO

SUMMARIZE JOB RESPONSIBILITIES

()

ADDRESS

JOB TITLE

HOURLY RATE/SALARY	
STARTING	

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER

\$	per
----	-----

REASON FOR LEAVING

HOURLY RATE/SALARY	
FINAL	

MAY WE CONTACT FOR REFERENCE?

Yes No Later

\$	per
----	-----

REFERENCES

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

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete, and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision-making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use it for the purpose specified.



Date:

I authorize this company to investigate all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I understand that I may, at some point be required to undergo background check verification, criminal background check, and drug screening. and provide proof of identity, certifications, and/or educational qualifications.

Furthermore, I understand and agree that if employed, I am free to resign, with or without cause and with 2 weeks prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

By accepting employment with AIHC the employee acknowledges and agrees that failure to actively seek, accept, or fulfill job opportunities provided by the agency, without reasonable cause, may result in the termination of employment. The employee further understands that such failure may constitute misconduct, disqualifying them from eligibility for unemployment benefits as defined by IL unemployment insurance laws.

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

