

ON CALL CARE – APPLICATION FOR EMPLOYMENT

Please fill out the following employment application. All prospective employees receive consideration without discrimination based on race, color, creed, age, natural origin, or handicap. All information is kept strictly confidential. Please use the back of each sheet, if you need more space.

PERSONAL

Last Name	First	Middle	Date
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Street Address	Home Phone
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City, State, Zip Code	Business Phone
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Social Security #

Emergency Contact (person not living with you) _____

Are you CHHA and/or CNA certified in NJ? _____ **Yes** _____ **No**
Please give us a copy of your certification.

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**

Are you willing to work: _____ **evenings?** _____ **weekends?**

How did you learn about our organization? _____

Position Applying for (check all): _____ **LPN** _____ **RN** _____ **Live-in** _____ **Hourly**

_____ **Therapist (specify)** _____ **Other**

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Attach a copy of your resume, or answer the following:

EDUCATION

Specify highest education: _____

Name of School/College: _____

Course of Study/Degree Received: _____

Years Attended: _____

EMPLOYMENT

List the last 5 years employment history, starting with the most recent:

1. **Company Name:** _____ **Telephone:** _____

Address: _____ **Supervisor:** _____

2. **Company Name:** _____ **Telephone:** _____

Address: _____ **Supervisor:** _____

_____ **Job Title:** _____

3. **Company Name:** _____ **Telephone:** _____

Address: _____ **Supervisor:** _____

_____ **Job Title:** _____

4. **Company Name:** _____ **Telephone:** _____

Address: _____ **Supervisor:** _____

_____ **Job Title:** _____

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5. Company Name: _____ **Telephone:** _____

Address: _____ **Supervisor:** _____

_____ **Job Title:** _____

Are you currently employed? _____ **Yes** _____ **No**

Do you have your own car? _____ **Yes** _____ **No**

Did you have a different last name during any of the above employments?

_____ **Yes** _____ **No** **If yes, what was the name:** _____

PROFESSIONAL REFERENCES

Persons who can furnish information about your past/current job performance.

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

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 you.

If yes, describe in full: _____

Are you capable of performing the job as described in the job posting? _____ **Yes**
_____ **No**

If no, which job requirement can you not meet? _____

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CREDENTIALS, SKILLS, QUALIFICATIONS

List any specialized credentials, skills, and/or qualifications that apply for this position.

List all states you have received licensing for, including registration and expiration dates.

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

I authorize complete investigation of all statements contained herein, and hereby give my full permission for this Agency to contact and fully discuss my background and history with all persons named in this application. I also give permission to all entities listed above to give this Agency any and all information concerning my previous employment, and release all former employers and others listed above from all liability for any damage that may result.

I understand and agree that, if hired, my employment is not for any definite period of time, regardless of the date of payment of my wages/salary, and I may 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.

I, the applicant, hereby authorize this Agency to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reason for such termination.

DATE: _____ **SIGNATURE:** _____