



Employment Application

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS:

Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN) ____ - ____ - ____ **DATE OF BIRTH:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FT ☐ PT ☐ SEASONAL **SHIFT DESIRED:** _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE United States? ☐

YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION/LICENSE/CERTIFICATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____ **FROM:**

_____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____ **FROM:**

_____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

_____ **FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

_____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

(References: Please list 2 professional references and 1 personal reference below)

Professional Reference 1:

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

Professional Reference 2:

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

Personal Reference (Note: Cannot be a family member):

FULL NAME: _____ RELATIONSHIP: _____
First Last

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

IF HIRED, YOU WILL BE RESPONSIBLE FOR **\$24.95** FROM YOUR FIRST CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with **Serene Comfort Care, LLC**. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with **Serene Comfort Care, LLC**. You have the right, upon a written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 186, Crawfordsville, IN 47933 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize **Serene Comfort Care, LLC** to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at **Serene Comfort Care, LLC**. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
State

Driver's License Number

Driver's License

(For ID Purposes Only)

Any other names I have used: _____

Previous Addresses within the last 7 years (if different from Current Address on Page 1):

Signature

Date