



Day Break Adult Day Health Care Center
It's a Brand-New Day!

EMPLOYMENT APPLICATION

TO ALL APPLICANTS: We deeply appreciate your interest in our organization, and assure you that we are sincerely interested in your qualifications. We consider applicants for all employment, volunteer or intern positions without regard to race, color, and religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

TO VOLUNTEERS/INTERNS: Even though you are a volunteer/intern for our organization, we must have certain information on file for insurance purposes and in case we must contact someone in an emergency.

PLEASE PRINT

Date:

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Number(s)

Home E-Mail

Social Security

Position(s) Applied For () Staffing Position/Employee () Volunteer () Student/Intern

How Did You Learn About Us?

☐ Advertisement ☐ School ☐ Employee

☐ Friend ☐ Other

If you are under 18 years of age, can you provide required proof of your ability to volunteer/intern?

☐ Yes ☐ No

Have you ever volunteered with us before?

☐ Yes ☐ No

If yes, please give dates

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship (Form I-9) or immigration status will be required upon employment.

☐ Yes ☐ No

On what date will you be available for work?

In Case of Emergency We Should Contact:

Name: Address: Phone:

If Applicable: Please provide copies of Drivers License and Auto Insurance.

Do you have a car for use in work? Drivers License Number State

Name of Auto Insurance Company

Employment Experience-Optional for Volunteers and Interns

(Resume may be attached in lieu of listing work performed)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Employment Dates From: To:	Work Performed
Address		
Telephone Number (s)		
Job Title	Hourly Rate/Salary Starting Final	
Reason for Leaving		

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Telephone Number (s)		
Job Title	Hourly Rate/Salary Starting Final	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from other work or volunteer experiences.

Education:

Name and Location of School	Dates Attended	Degree/Diploma	Major Course of Study

References: - Give name, address and telephone number of three references who are not related to you.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military? ☐ Yes ☐ No

If yes, please describe _____

Have you been convicted of a felony within the last seven years? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment/volunteering /interning)

If yes, please explain _____

Agreement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary for the center and its affiliates to arrive at a decision regarding volunteering/interning.

I understand that any false answer or statements or implications I might make in this application shall be considered sufficient cause to deny volunteering/interning.

Affidavit:

Day Break Adult Day Health has a long-standing tradition of job security for loyalty to satisfactory employees/volunteers/interns. Every reasonable effort will be made to conserve volunteers/interns. But an individuals volunteering/interning may be terminated at any time in the Center's best interest, or for unsatisfactory performance, unsatisfactory attendance, for violation of company rules, or because an individual's service becomes excess to the Center's staffing/volunteer needs.

Applicant's Signature: _____ Date: _____

Office Use Only:

Date Application Reviewed _____ References Verified _____

Outcome: _____ By: _____ Date: _____