



# PALMS MAJESTIC CAREGIVING SERVICES EMPLOYMENT APPLICATION

<b>1. Applicant Information</b>		
Applicant Name:		
Last Name _____	First Name _____	Middle Initial _____
Date of Birth: _____	Social Security Number: _____	
Mailing Address, or PO Box: _____		
Physical Business Address, if different than above: _____		
Telephone No.: _____	Cell Phone No.: _____	
Email Address: _____		
Can you upon employment submit verification of your legal right to work in United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	How did you hear about us? _____	

<b>Applicant Background Information</b>				
<b>1. Education Information</b>				
List educational experience below and the date completed. <b>Please submit a copy of your high school or college diploma.</b> Any education obtained in another country must be translated.				
<b>Degree Obtained</b>	<b>School/College/University</b>	<b>Date Completed</b>		
<b>2. Other Qualifications</b>				
List other qualifications, licenses, and certificates.				
<b>Qualification(s)</b>	<b>Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>State Licensing Agency</b>
<b>3. Prior Termination</b>				
Have you ever been terminated from any other group homes? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide details below and provide a copy of the termination letter.				
<b>Group Home Name</b>	<b>Dates</b>	<b>Type of Termination</b> <i>(Voluntary, Involuntary, Etc.)</i>	<b>Dates</b>	
<b>Reason for Termination:</b> _____				

<b>3. Employment Interest</b>		
Position for which you are applying?	Hourly Wage Expected	Date Available
In regard to initial work location, do you have any preference? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Explain:	<input type="checkbox"/> Full Time – 32+ Hours <input type="checkbox"/> Part Time – Less than 32 hours
Are there any hours, shift, or days you cannot or will not work? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Explain:	
<b>4. Emergency contact</b>		
Contact Name	Phone Number	Relationship
Signature of Applicant:		Date: