



# Employment Application

## Applicant Information

Full Name: **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

How did you hear of this job? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list two professional references and one personal reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_



**Additional Experience** Describe any additional experience you have had as a caregiver that is not included in the employment references given above (personal experience included):

**Certificates and Licenses**

Nurse Aide Certification #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR/First Aid: Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

TB Test/Chest X-ray: Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Desired Hours, Wage Level & Availability**

Number of hours you want to work every week: \_\_\_\_\_ Desired wage per hour: \_\_\_\_\_

Lowest willing number of hours: \_\_\_\_\_ Highest willing number of hours: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**Disclaimer and Signature**

It is the policy of Senior Options, LLC to provide equal employment opportunities to all applicants and employees without regards to race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

It is the policy of Senior Options, LLC to hire only U. S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service’s Form I-9.)*

**ACKNOWLEDGMENT AND CERTIFICATION:** By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize Senior Options, LLC to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for Senior Options, LLC’s consideration of my application for employment, I hereby release Senior Options, LLC and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by Senior Options, LLC regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Senior Options, LLC with any authorization or release which may be required for a pre-employment medical examination or drug test.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is “at will” and can be terminated at any time, either by myself or Senior Options, LLC, with or without cause or reason and with or without notice. Only the President is authorized to modify Senior Options, LLC’s at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.**

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Application Date

**YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS. FOR CONSIDERATION AFTER THAT, YOU MUST REAPPLY.**

**ATTENTION APPLICANT: YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE**

**SENIOR OPTIONS LLC  
VERIFICATION OF EMPLOYMENT**

**Section 1: To be completed and signed by applicant**

**AUTHORIZATION TO PROVIDE INFORMATION**

I authorize the references listed above to give Senior Options LLC any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to Senior Options LLC. I authorize the use of a photocopy of my signature in place of my original signature on documents pertaining to this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Section 2: To be completed by Senior Options LLC**

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dear Madam/Sir:

An application has been submitted for the above applicant. The following information has been provided in regards to his/her employment through your company

Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Wage: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

We would greatly appreciate your assistance in verifying the information that has been provided as well as completing the evaluation below.

Yours truly,

\_\_\_\_\_  
Human Resources Department

**Section 3: To be completed and signed by previous employer**

**Confidential Proficiency Report**

	Excellent	Good	Poor	N/A	Comments
<b>Performance of Job Duties</b>					
<b>Quality of Patient Care</b>					
<b>Critical Thinking Skills</b>					
<b>Decision Making Ability</b>					
<b>Communication Skills</b>					
<b>Rapport with Client/Family</b>					
<b>Ability to Work with Others</b>					
<b>Punctuality/Attendance</b>					
<b>Appearance</b>					
<b>General Conduct</b>					

Eligibility for rehire: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your input!**