Made For Care
Comfort Care Compassion

JOB APPLICATION

Made For Care LLC
121 Vistavilla Ct, Davenport, FL 33896
407-436-2570

Made For Care LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below or highlight answers:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: ***☐ Direct Service provider/Companion/☐Homemaker***

How did you hear about this position?

What days are you available for work?

☐Monday☐ Tuesday☐ Wednesday

☐Thursday ☐Friday ☐Saturday ☐

Sunday

What hours or shift are you available for work?

☐6 hrs ☐8 hrs ☐12 hrs ☐16 hrs

If needed, are you available to work overtime?

☐YES OR ☐NO

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

☐YES OR ☐NO

Salary desired:

Personal Information

Have you ever applied to or worked for Made For Care LLC before? If yes, when? ☐Yes ☐No

_____

_____

Do you have any friends, relatives, or acquaintances working for Made For Care LLC If yes, ☐Yes ☐No

state name & relationship:

_____

_____

Are you 18 years of age or older? ☐Yes ☐No

Are you a U.S. citizen or approved to work in the United States? ☐Yes ☐No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? ☐Yes ☐No

Do you have any condition which would require job accommodations? ☐Yes ☐No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐Yes ☐No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Made For Care LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____

_____

_____

Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References
Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:
Have you had A Level 2 Background Completed?

_____

_____

If you have not had a background Level 2 completed, we will need the following Information to complete your background: 1. DOB, 2. Driver's License Number, 3. eye Color, 4. Hair color, 5. Weight, 6. Height, 7. Social Security Number

_____

_____

AT-WILL EMPLOYMENT
The relationship between you and the Made For Care LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Made For Care LLC. No representative of Made For Care LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice- President/Chief Operations Officer or the Company's President.

Applicant Signature:_____