

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural oaring or handicap. All information provided herein will be kept Confidential.

Personal

Last Name	First Name	Middle	date
-----------	------------	--------	------

Street Address	Home Phone
----------------	------------

City, State, Zip Code	Business Phone
-----------------------	----------------

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? _____ Yes _____ No

How many hours a week are available for work? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

How did you learn of our Organization? ___ Newspaper ad ___ agency employee ___ Other

Are you willing to work: _____ evening _____ weekends?

Position applying for: _____

Education:

School Name	Location of School	Course of Study	Years	Diploma
		Degree/ Study		

College:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vo-Tech or Trade:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

High School:

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Other:

Employment history:

List the last five (5) years employment history, starting the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____ Date of Employment: _____

_____ Starting pay: _____

City _____ State _____ Zip Code _____

Job Title and Describe your Work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____

Address: _____ Date of Employment: _____

_____ Starting pay: _____

City _____ State _____ Zip Code _____

Job Title and Describe your Work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____ Date of Employment: _____

_____ Starting pay: _____

City _____ State _____ Zip Code _____

Job Title and Describe your Work: _____ Reason for leaving: _____

4. Company Name: _____ Telephone: _____

Address: _____ Date of Employment: _____

_____ Starting pay: _____

City _____ State _____ Zip Code _____

Job Title and Describe your Work: _____ Reason for leaving: _____

5. Company Name: _____ Telephone: _____

Address: _____ Date of Employment: _____

_____ Starting pay: _____

City _____ State _____ Zip Code _____

Job Title and Describe your Work: _____ Reason for leaving: _____

Was your Name different from your present name during the above listed jobs? _____ Yes _____ No

If Yes, what was your Name _____

Are you currently employee? _____ Yes _____ No

Do you have reliable transportation? _____ Yes _____ No

Professional References

Person who can furnish information about job performance

1. Name _____ Telephone _____

Fax: _____

Address: _____

2.. Name: _____ Telephone _____

Fax: _____

Address: _____

3.. Name: _____ Telephone _____

Fax: _____

Address: _____

4.. Name _____ Telephone _____

Fax: _____

Address: _____

GENERAL: Have you ever been convicted of a crime in the past 5 years, Barring employment in a Home Care and community support Agency? _____ Yes _____ No

Conviction will not necessarily disqualify an applicant from employment. If yes describe in full: _____

Are you capable of performing the job set forth in the job description? ____ Yes _____ No
If you answer No, which job requirement can you not meet?

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any fault reason, without prior notice and with or without cause.

Date: _____ Signature _____

