### **Employment Application**

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | PO BOX #: |  |
| City |  | State |  | ZIP |  |
| Cell Phone |  | E-mail Address |  |
| Date Available: |  | Referred by: |  | Scrub Size:  |  |
| Position Applied for | [ ] DCW/Caregiver [ ]  Housekeeping [ ] Administrative [ ] Full-time [ ] Part-time |
| 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 a home care agency? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address | **Office Only**: Verified by: Date: |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address | **Office Only**: Verified by: Date: |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address | **Office Only**: Verified by: Date: |
| Notes: |  |

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| --- |
| Previous Employment |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Driving Information |
| License Number |  | State |  | Ex: |  |
| Policy Carrier: |  | Policy Number |  |
|  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I am aware this employer is an at-will hire/terminate employer. Company is a Drug and Alcohol Testing Agency. |
| Signature |  | Date |  |