



## Application for Employment

\*All prospect employees will receive consideration without discrimination because of race, creed, age, natural origin and/or handicap. All information provided herein will be kept confidential.

**PERSONAL** (PLEASE COMPLETE AND DO NOT PUT "SEE RESUME")

Last Name	First Name	Middle Initial	____/____/____ Today's Date
Street Address			( ) ____ - ____ Home Phone #
City, State and Zip Code			( ) ____ - ____ Cell Phone #
Social Security #		Email address	

Position applying for(Please check one):  RN  LVN/LPN  CNA  OFFICE  
 Other:(Specify): \_\_\_\_\_

How many hours are you available to work a week? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Are you willing to work weekends? \_\_\_\_\_ Evening(s)? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION:**

School Name	Location of School	Course of Study	Years	Degree/Certificate
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College:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vo-Tech or Trade College:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

High School:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT:**

List the last five (5) years of employment history starting with most recent employer:

1. Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_  
Date(s) of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
May we contact? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_  
Date(s) of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
May we contact? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_  
Date(s) of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
May we contact? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_  
Date(s) of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
May we contact? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_  
Date(s) of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
May we contact? \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Was your last name different from your present name during any of the above listed jobs? \_\_\_\_\_

If name was different, what was your name: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

**GENERAL:**

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care Community Support Agency? YES  NO

Conviction will not necessary disqualify an application from employment. If yes, please describe:

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Are you capable of performing the job set forth in the job description provided to you? YES  NO

If you answered NO, which job requirement can you not meet? \_\_\_\_\_

**Credentials/Specialized Skills and Qualification(s)/Equipment Operated:**

List all states in which licensed giving registration and expiration date(s). Summarize special job related skill(s) and qualification(s) acquired from employment or experience:

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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 any and all information concerning my previous employment and any information they may have, and release all former employees and other listed above from all liability for any damage that may 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 lawful reason, without prior notice and with or without any cause.

This application for employment shall be considered active for a period **NOT TO EXCEED 45 DAYS**. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not application(s) are being accepted at this time.

**SIGNATURE:** \_\_\_\_\_ **DATE:**    /    /    \_\_\_\_\_

**APPLICANT REFERENCE CHECK (#1- EMPLOYMENT):**

To whom it may concern:

Applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be provided to the applicant.

(Applicant please complete the following information)

Applicant name: \_\_\_\_\_ Date of application: \_\_\_/\_\_\_/\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby authorize the following information to be released. I release you and all persons and organizations for all claims and liabilities of any nature from any information given.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Dates of Employment: **FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

Position Held: \_\_\_\_\_

Is this employee rehireable? \_\_\_\_\_

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

Reference Check/Performed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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**APPLICANT REFERENCE CHECK (#2- PERSONAL):**

To whom it may concern:

Applicant named below has submitted an application for employment with our firm. Please verify that applicant is personally known and rate the performance of this candidate. This information will not be provided to the applicant.

(Applicant please complete the following information)

Applicant name: \_\_\_\_\_ Date of application: \_\_\_/\_\_\_/\_\_\_

Personally known contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby authorize the following information to be released. I release you and all persons and organizations for all claims and liabilities of any nature from any information given.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Relationship: \_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

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

Reference Check/Performed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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