



APPLICATION FOR EMPLOYMENT

Date: _____ D.O.B _____
Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Social Security #: _____
Driver License Number: _____ Vehicle Make/Model: _____
Insurance Carrier: _____ Policy: Number: _____
Position applied for _____
How did you hear of this opening? _____

EMPLOYMENT HISTORY (use separate sheet for additional employment)

Company Name: _____
Address: _____ Telephone: _____
Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage: _____ Ending Position: _____
Name of Supervisor: _____
May we contact? [] Yes [] No
Responsibilities: _____

Reason for leaving: _____
Company Name: _____
Address: _____ Telephone: _____
Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage _____ Ending Position: _____
Name of Supervisor: _____
May we contact? [] Yes [] No
Responsibilities: _____
Reason for leaving: _____

EDUCATION

Table with 4 columns: School Name and Location, Year, Major, Degree. Rows for High School, College, Post-College.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical disability, or veteran status.



APPLICATION FOR EMPLOYMENT

TRAINING

Other Training: _____
In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

EMERGENCY CONTACT

In case of emergency, please notify:

Name: _____ Address: _____
Telephone: _____ Relationship: _____

PERSONAL HISTORY

Do you smoke? Yes No
Do you drink alcohol? Yes No
Do you have allergies? Yes No
Do you have physical limitations? Yes No (if yes, please explain)

Are you currently being treated for any problems that could affect your ability to perform the job description? Yes No (if yes, please explain) _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No (if no, INS Proof of legal right to work)

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No
(If yes, please describe conditions)

Are you looking for full-time employment? Yes No
If no, what hours are you available? _____
Are you willing to work swing shift? Yes No
Are you willing to work graveyard? Yes No

DAYS/HOURS AVAILABLE

When can you start? _____ Salary Expectations: \$ _____ per hour

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical disability, or veteran status.



APPLICATION FOR EMPLOYMENT

DAYS/HOURS AVAILABLE

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability (From – To)							
Total Number of Hours							

REFERENCES

(Please include two professional references)

Name: _____ Address: _____ Title: _____
 Telephone: _____ Relationship: _____
 Name: _____ Address: _____ Title: _____
 Telephone: _____ Relationship: _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. WE CARE Senior Caregiver Services, Inc. is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

If this position requires either that I drive my employer’s vehicle or drive the person I am caring for in my vehicle, I agree to show my employer proof of current insurance on my vehicle and proof of driver’s license. I understand that my employer may check public court records for cases, civil or criminal, listed under my name.

I attest to the best of my knowledge and belief that all above information is true and accurate:

Signature: _____ Date: _____