

EMPLOYMENT APPLICATION

PERSONAL		
POSITION(S) APPLIED FOR	APPLICATION DATE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE ZIP
TELEPHONE	SOCIAL SECURITY NUMBER	

Are you at least 18 years old? Yes No

Do you have access to public transportation? Yes No Emergency contact:

Do you have access to a car? Yes No Name _____

Do you have a driver's license? Yes No Phone # _____

Driver License # _____ State _____ Expiration Date _____

Have you been convicted* of a crime other than a traffic violation within the last 7 years? Yes No

If yes, please explain: _____

*(Convicted will not necessarily disqualify an applicant from employment)

Training Certificate # _____ Issued by: _____ Expiration Date (if applicable) _____

What days/hours are you available? _____

Are you available for live-in assignments? Yes No

EDUCATION					
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE	MAJOR	
HIGH SCHOOL					
COLLEGE					
OTHER					

WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT			
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES	REASON FOR LEAVING

PERSONAL REFERENCES (No family)

NAME	ADDRESS	OCCUPATION	PHONE NO.	NUMBER OF YEARS KNOWN

SKILLS INVENTORY (Check all that apply)

	Experience	Training		Experience	Training		Experience	Training
Hospital	_____	_____	Transfer ROM	_____	_____	Geriatric Care	_____	_____
Nursing Home	_____	_____	Bathing	_____	_____	Pediatric Care	_____	_____
Private Home	_____	_____	TPR	_____	_____	Psychiatric Care	_____	_____
Meal Preparation	_____	_____	Blood Pressure	_____	_____	AIDS Care	_____	_____
Special Diets	_____	_____	Dressing Change	_____	_____	Mother/Child Care	_____	_____
CVA	_____	_____	Warm/Cold Compresses	_____	_____	Mental Retardation Care	_____	_____
Foley Care	_____	_____	Ostomy Care	_____	_____	Oncology/Hospice Care	_____	_____

APPLICANTS CERTIFICATION - Please read carefully before signing.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Yes No

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.

I authorize the company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.

I understand and agree that, if I am employed, I will be an at-will employee and the company may terminate my employment at any time and for any reason.

Applicants signature	Date
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We are an Equal Opportunity Employer. We comply with all applicable Federal, State and local laws concerning discrimination in employment.

All persons shall have the opportunity to be considered for employment without regard to race, color, religion, national origin, age, disability, (which includes history of mental disorder, mental retardation, learning disability and physical disability, blindness and atypical heredity cellular or blood trait), gender, marital status, liability for service in the Armed Forces of the United States, veteran's status, citizenship, sexual orientation, or any other characteristic protected by applicable federal or state laws. The company will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER