

**PERSONAL INFORMATION**

FULL NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
ADDRESS	CITY	STATE/ZIP
HOME PHONE	CELL PHONE	DATE OF HIRE:
		ARE YOU 18 YEARS OR OLDER?

**DESIRED EMPLOYMENT**

POSITION APPLYING FOR	DATE YOU ARE AVAILABLE	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME WORK <input type="checkbox"/> PART TIME WORK <input type="checkbox"/> TEMPORARY WORK		
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION	# YRS	NAME OF DEGREE / DIPLOMA
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
VOCATIONAL/ OTHER			

**FORMER EMPLOYMENT**

NAME OF EMPLOYER:			
ADDRESS:	CITY:	STATE	ZIP
YOUR JOB TITLE			
START DATE:	LEAVE DATE:	STARTING WAGE:	FINAL WAGE:
SUPERVISOR NAME & TITLE		TELEPHONE NO.	
REASON FOR LEAVING			

**FORMER EMPLOYMENT**

NAME OF EMPLOYER:			
ADDRESS:	CITY	STATE	ZIP
YOUR JOB TITLE			
START DATE:	LEAVE DATE:	STARTING WAGE:	FINAL WAGE:
SUPERVISOR NAME & TITLE		TELEPHONE NO.	
REASON FOR LEAVING			

**CONVICTIONS**

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)?  YES  NO  
(Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Conviction will not necessary disqualify an applicant for employment)  
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S)

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HAVE YOU EVER BEEN SHOWN BY ANY CREDIBLE EVIDENCE TO HAVE ABUSED, NEGLECTED SEXUALLY ASSAULTED, EXPLOITED, OR DEPRIVED ANY PERSON OR HAVE SUBJECTED ANY PERSON TO SERIOUS INJURY AS A RESULT OF INTENTIONAL OR GROSSLY NEGLIGENT, MISCONDUCT AS EVIDENT BY AN ORAL/WRITTEN STATEMENT?  YES  NO

INTENTIONAL OR GROSSLY NEGLIGENT, MISCONDUCT AS EVIDENT BY AN ORAL/WRITTEN STATEMENT?  YES  NO  
(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

**ADDITIONAL INFORMATION**

SPECIAL LICENSES OR CERTIFICATIONS:
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY:
Do you have Hospital/Homecare/Nursing Home experience? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where and how long?
Do you have any physical disabilities that preclude you from performing any work? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe?

**TIME AVAILABLE**

SUN:	MON:	TUE:	WED:	THU:	FRI:	SAT:
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**IN CASE OF EMERGENCY NOTIFY**

NAME	RELATIONSHIP	PHONE
ADDRESS	CITY	STATE ZIP

**PROFESSIONAL REFERENCES**

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

**AUTHORIZATIONS** - Read and **INITIAL** each paragraph, and then sign below:

\_\_\_\_ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

\_\_\_\_ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the person or organization referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the company to request and receive such information.

\_\_\_\_ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the company it will be on an "at-will" basis. This means that either I or the company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the company is an aspect of employment that cannot be modified or charged, except by a written agreement signed by the chief executive officer of the company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company.

\_\_\_\_ **SEARCH OF PUBLIC RECORDS:** Should a search of public records - including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment be conducted by internal personnel employed by the company, I am entitled to copies of any such public records obtained by the company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

I hereby certify that all statements made on this application are accurate and true, complete, and correct to the best of my knowledge and believe and realize that inclusion of false information or omission of material could result I **DISMISAL** of employment or **REMOVAL** of my application from further consideration. I also hereby certify that I am not suffering from a communicable disease or mental disorder which would hinder my job performance, nor have I been charged with or convicted of a crime involving abuse, neglect, exploitation, or deprivation of a child or adult. I hereby authorize all my employers and police/sheriff department unless otherwise stated to release any and all information in regard to my employment as requested.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_