

## APPLICATION for EMPLOYMENT

PERSONAL DATA						
NAME      LAST                  FIRST                  M				DATE	HOME PHONE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE		
				EMAIL		
MALE / FEMALE			WANT LIVE-IN CARE - YES / NO			FAX NUMBER
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE - YES / NO				

PLACEMENT INFORMATION						
DATE AVAILABLE			IDEAL NUMBER OF HOURS PER WEEK		Are you available for overnight shifts?	
HOURS AVAILABLE TO WORK						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION				
LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

REFERENCES			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

EMPLOYMENT HISTORY		
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER (    )	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT? CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED	REASON FOR LEAVING

FIRST PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME  MAY WE CONTACT?
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING
NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME  MAY WE CONTACT?
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION

HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?	YES / NO	TESTED POSITIVE / NEGATIVE
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES / NO	IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?
DO YOU HAVE A CLEAN DRIVING RECORD?	YES / NO	IF NO, PLEASE EXPLAIN?

**By signing this application, I certify this information to be true and agree to allow you to perform a criminal history background check, at your leisure, and I give you permission to check my references.**

\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

Please mail this form to the corporate address on our website 'Contact Us' page. Alternatively you can fax the form to our corporate fax number on our website 'Contact Us' page. Or, you can email the completed form to the email address noted where you clicked to download this application.