



APPLICANT INFORMATION

Full Name: _____ Date: _____

Address: _____

Home Phone: _____ Business Phone: _____

Date Available: _____ Social Security No.: _____ Desired Salary: _____

Position Applied For: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever applied with us before? Yes No If so, when and where? _____

Have you ever been bonded? Yes No If yes, with what employers? _____

Are you available for full time work? Yes No If no, what hours can you work? _____

Will you work overtime if asked? Yes No

Have you been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, which haven't been annulled, expunged, or sealed by a court? Yes No If yes, describe in full: _____

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS	GRADUATE	DEGREE
Graduate				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Trade/Technical				<input type="radio"/> Yes <input type="radio"/> No	
HighSchool				<input type="radio"/> Yes <input type="radio"/> No	

REFERENCES

Please list your personal references.

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

MILITARY SERVICE

Did you serve in the U.S. Armed Forces? Yes No

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

DIVISION

Please check the division that you are applying for:

Skilled Care Personal Care Household Care

EMPLOYMENT

If you are applying for a direct care staff position, you must have at least 1 year of verifiable supervised experience.

Company: _____ Phone: _____

Address: _____ Employed From: _____ To: _____

Supervisor: _____ Weekly Pay Start: _____ Last: _____

Job Title and Work Description: _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No _____

Company: _____ Phone: _____

Address: _____ Employed From: _____ To: _____

Supervisor: _____ Weekly Pay Start: _____ Last: _____

Job Title and Work Description: _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No _____

Company: _____ Phone: _____

Address: _____ Employed From: _____ To: _____

Supervisor: _____ Weekly Pay Start: _____ Last: _____

Job Title and Work Description: _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No _____

Company: _____ Phone: _____

Address: _____ Employed From: _____ To: _____

Supervisor: _____ Weekly Pay Start: _____ Last: _____

Job Title and Work Description: _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No _____

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, special training, skills, etc.

DISCLAIMER AND SIGNATURE

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment résumé, or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one other than an executive officer of the employer has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

I fully understand and accept all terms and conditions in the above statement.

Date: _____ **Signature:** _____

Please send completed application to the location listed on our website.