



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: _____ Business Phone: _____
 Date Available: _____ Social Security No: _____ Desired Salary: _____

Position Applied for: _____

YES NO YES NO
 Are you a citizen of the United States? If no, are you authorized to work in the U.S.?

YES NO
 Have you ever applied with us before? If so, when, ad where? _____

YES NO
 Have you ever been bonded? If yes, with what employers? _____

YES NO
 Are you available for full time work? If no, what hours can you work? _____

YES NO
 Will you work overtime if asked?

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 below.

Education

School	Name and Location	Course of Study	No. of Years	Graduate	Degree
Graduate				YES	
				NO	
College				YES	
				NO	
Trade/Technical				YES	
				NO	
High School				YES	
				NO	

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: _____	

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

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

Direct Care of Elderly

Hospice

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.

By signing employment application, candidate understands that job necessitates assistance with Activities of Daily Living (ADLs) including preparing and eating meals, grooming, bathing, getting in and out of bed, toileting, and mobility.

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 resume 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 this completed application along with website submission or email at care@andmorecare.com