



EMPLOYMENT APPLICATION FORM				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-4.				Date:
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long:			Social Security No.:	
Telephone:				
Email address:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref	Thur
			Mon	Fri
			Tue	Sat
			Wed	Sun
How many hours can you work weekly?			Can you work nights?	
Employment Desired:				
<input type="radio"/> FULL-TIME ONLY <input type="radio"/> PART-TIME ONLY <input type="radio"/> FULL- OR PART-TIME				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				

Company:	Company:
Address:	Address:
Telephone:	Telephone:

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Job One

Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
		From:	Start:
Complete Address:		To:	Final:
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Job Two

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
		From:	Start:
Complete Address:		To:	Final:
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Certification and Release: I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions, or misrepresentation of facts will result in rejection of this

application and/or discharge at any time during employment. I authorize _____ to verify all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

Restrictive Covenant: I agree not to do business directly with any individual or business entity that _____ has introduced to me or by entering employment with such individuals or businesses.

PLEASE NOTE: _____ must be aware of any pre-existing medical conditions that may interfere or limit your caregiving responsibilities within your job description.

Please List:

Applicant's Signature: _____ Date: _____

For Office Use Only Application Reviewed By: _____ Date: _____

CG Interviewed By: _____ Date: _____