



Employment Application

Last	First	Middle	Today's Date
Address - Street			Telephone No.
City		State	Zip
Position Desired		Training for This Position	
Other Specialized Training or Experience (Not Necessarily for this Job)			
Current Employer		Reason for Desiring Change	
Why Do You Choose Home Care Work?			
What Prompted You to Apply Here for Employment?			
Have You Ever Been Convicted of Elder Abuse?			
Are You Related to Anyone in Our Company? Who and How?			
Professional License Number		Type	State
Hobbies			
<b>IN CASE OF EMERGENCY NOTIFY</b>	Name		Relationship
	Address		Telephone
<p>This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.</p> <p>I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.</p> <p>I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.</p> <p>If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.</p>			

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employment Application**

**EDUCATION**

Name of School and colleges	Major Subject(s)	Did you Graduate?	Type of Degree
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No	

**FORMER EMPLOYERS AND EXPERIENCE (References)**

Name and address	Nature of Experience	Period		Cash Salary		Other Compensation	
		From	To				

**Personal References (Not Relatives)**

Name	Address	Phone Number	Relationship

**Stop – Applicant Please DO NOT WRITE IN THE SPACE BELOW**

<p>Interview by: _____ Date: _____</p> <p>Date to Start Work _____</p> <p>Position: _____</p> <p>Department: _____</p> <p>Remarks: _____</p> <p>_____</p>	<p>Compensation- I, the applicant, understand my compensation will be as follows:</p> <p>Month    Week    Hour</p> <p>Cash    \$ _____</p> <p>Other compensation at taxable value-</p> <p>Room    Meals a Day    Days a Week    Laundry    \$</p> <p>TOTAL    \$ _____</p> <p>Position Temporary?</p> <p>Approved by: _____ Title _____</p>
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