

HOME LOVING SENIOR CARE, INC.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status.

Date: _____

Name: _____ Address: _____

City: _____ State: _____

Phone: _____ SS# _____

Cell Phone: _____ E-Mail: _____

Do you smoke? _____

Insurance

Driver's License # _____ Auto Insurance Policy # _____

Insurance Company: _____

Agents Name: _____ Phone # _____

Education

High School: _____ City/State: _____

College: _____ City/State: _____

Special Skills or Courses: _____

Do you have any health problems or limitations? _____

Do you have dependable transportation? _____

Times you are available to work: _____

Any times not available to work: _____

Can you be called at the last minute in case of an emergency? _____

Comments: _____

Marital Status: _____ Dependent children: _____

I am applying for a job as a: _____

Discuss any training or experience working with the elderly: _____

Emergency Contact:

Name: _____ Phone # _____

Address: _____ Relationship: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please provide details: _____

What would you like most about working with the elderly? _____

What would you like least about working with the elderly? _____

Business References:

Please go back five years and tell us about your work history:

Job Title: _____ Duties: _____

To: _____ From: _____ Reason Left: _____

Supervisor: _____ Phone # _____

Address: _____

City/State/Zip: _____

Job Title: _____ Duties: _____

To: _____ From: _____ Reason Left: _____

Supervisor: _____ Phone # _____

Address: _____

City/State/Zip: _____

Job Title: _____ Duties: _____

To: _____ From: _____ Reason Left: _____

Supervisor: _____ Phone # _____

Address: _____

City/State/Zip: _____

If additional space is needed please attach a separate sheet of paper.

Personal References:

Name	Address	Phone#	Relationship/Years Known
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1. _____

2. _____

3. _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and 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. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

FOR OFFICE USE ONLY – Interviewer Comments: