

# HOME LOVING SENIOR CARE, INC.

## APPLICATION FOR EMPLOYMENT

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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? \_\_\_\_\_

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### Insurance

Driver's License # \_\_\_\_\_ Auto Insurance Policy # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

Special Skills or Courses: \_\_\_\_\_

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Do you have any health problems or limitations? \_\_\_\_\_

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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: \_\_\_\_\_

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Marital Status: \_\_\_\_\_ Dependent children: \_\_\_\_\_

I am applying for a job as a: \_\_\_\_\_

Discuss any training or experience working with the elderly: \_\_\_\_\_

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### Emergency Contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

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What would you like most about working with the elderly? \_\_\_\_\_

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What would you like least about working with the elderly? \_\_\_\_\_

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**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.

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SIGNATURE

DATE

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FOR OFFICE USE ONLY – Interviewer Comments: