


**BALLARD SENIOR
HOME CARE**
 L I V I N G M A D E E A S Y

FULL NAME		DATE OF BIRTH
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	SOCIAL SECURITY NUMBER	

EMERGENCY CONTACT	
NAME	PHONE NUMBER
ADDRESS	RELATIONSHIP

POSITION APPLYING FOR
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE PROVIDE DETAILS.

TRANSPORTATION		
DO YOU HAVE DEPENDABLE TRANSPORTATION? YES NO		MAKE / MODEL OF CAR
LICENSE PLATE NUMBER	DRIVERS LICENSE NUMBER	AUTO-INSURANCE NAME
AUTO-INSURANCE POLICY NUMBER	AGENT NAME	AGENT NUMBER



AVAILABILITY

NUMBER OF HOURS SEEKING	AVAILABLE TIMES	UNAVAILABLE TIMES	CAN YOU COVER SHIFTS LAST MINUTE, IF NEEDED? YES NO
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EDUCATION

HIGH SCHOOL	CITY / STATE	DATES
COLLEGE	CITY / STATE	DATES
SPECIAL SKILLS OR COURSES		

EXPERIENCE

ANY TRAINING OR PREVIOUS WORK IN HOME CARE?
WHY WOULD YOU LIKE TO WORK WITH ELDERLY?
WHAT DO YOU THINK YOU'LL LIKE LEAST WORKING WITH ELDERLY?

EMPLOYMENT HISTORY

COMPANY	FROM	TO
JOB TITLE	REASON LEFT	
COMPANY	FROM	TO
JOB TITLE	REASON LEFT	
COMPANY	FROM	TO
JOB TITLE	REASON LEFT	



PROFESSIONAL REFERENCES			
NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

PERSONAL REFERENCES			
NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

<p>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 CONSUMER REPORTING BUREAUS, TO VERIFY ANY INFORMATION INCLUDING, BUT NOT 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.</p>	
SIGNATURE	DATE

