



Employee Application

Full Name: _____

Birthdate: _____

Address: _____

Phone Number: _____

Email Address: _____

Have you ever been convicted of a felony?: YES / NO

If YES, please provide details:

Do you have dependable transportation?: YES / NO

Drivers License Number: _____

Drivers License Expiration: _____

Auto Insurance Provider: _____

Availability:

Number of hours seeking:	Available Times:	Willing to cover last minute shifts:

Education:

School:	City / State:	Dates:

Experience:

Any training or previous work in home care?
Why would you like to work in home care?
What do you think you'll like least working in home care?

Employment History:

Company Name:	Dates:	Job Title:	Reason for Leaving:

References (2 Professional + 1 Personal):

Name:	Relationship:	Years Known:	Phone Number:

Certification & Release: I certify that I have read and understand the application 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.

Applicant Signature: _____

Date: _____