

EMPLOYMENT APPLICATION

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin, or handicap. All information provided herein will be kept confidential. Please email your completed employment application and resume to sweetseniorhomecare@gmail.com

PERSONAL

Last Name First Middle Date

Street Address Telephone

City, State, Zip Code Cell

E-Mail

Driver's License #: _____

SSN# _____

Date of Birth: _____

Alias/Previous Names used for employment: _____

Position Applying for: _____

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? Yes No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? _Yes No

How did you learn of our organization? _ Online Ad _Agency employee _Other

Are you willing to work: Evenings Weekends

I attest that I am at least 18 years of age. Yes No

If yes, please sign your name:

If employed by this Home Care Agency I acknowledge that I will be required to report suspected abuse of clients pursuant to CA Health and Safety Code section 1796.42(e).

Signature _____

EDUCATION:

School Name	Course of Study	Degree/Diploma
College:		
_____	_____	_____
_____	_____	_____
Vo-Tech or Trade:		
_____	_____	_____
_____	_____	_____
High School:		
_____	_____	_____
_____	_____	_____
Other:		
_____	_____	_____

Employment:

List the last five years of employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____

Dates of Employment: From _____ To _____

City _____ State _____ Zip Code _____

Starting Pay: _____

Job Title and Describe your work: _____

Reason for leaving:

2. Company Name: _____ Telephone: _____

Address: _____

Dates of Employment: From _____ To _____

City _____ State _____ Zip Code _____

Starting Pay: _____

Job Title and Describe your work: _____

Reason for leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____

Dates of Employment: From _____ To _____

City _____ State _____ Zip Code _____

Starting Pay: _____

Job Title and Describe your work: _____

Reason for leaving: _____

Was your last name different from your present name during the above listed jobs? Yes _____ No _____

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description?

Yes__No__If you answered No, which job requirement can you not

meet? _____

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which it is licensed giving registration and expiration date.

Summarize special job-related skills and qualifications acquired from employment or other experience.

PLEASE READ ALL STATEMENTS BELOW BEFORE SIGNING THIS APPLICATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

This Agency performs random drug screening and prohibits the use of illegal drugs. I understand that I will be subject to random drug screening and failure to submit or pass drug screening may result in dismissal for cause. By signing this application, I agree to submit to random drug screening as requested.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

DATE: _____

SIGNATURE: _____