

Application for Employment



Please Print

Referral Source		Date						
Name (First, Middle, Last)		Nickname						
Address		Social Security Number						
City, State, Zip Code		Pay Rate Requested						
Telephone Number ()	Message Phone ()	Ask For:						
Are you eligible for employment in this country? (you may be asked to provide proof)		Are you bondable?						
Have you ever worked here before?		If so, when?						
Have you ever worked for a personal care/ home care service before?		If so, for whom and when?						
Why do you want to work for a personal care/home care service?		How many miles are you willing to travel to work?						
Have you ever been convicted of a crime? Please explain (conviction may be relevant if job related, but does not bar you from employment)								
What type of employment do you desire? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift-work								
Are you willing to accept same day assignments?		Do you have reliable transportation?	Are you willing to provide transportation for client errands?					
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	COMMENTS
Place a CHECK MARK on each day, if you have NO RESTRICTIONS:								
OR: "I am available to work on this day from: (list start & end times)	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	
Emergency Notification								
In case of emergency notify			Relationship		Telephone Number		Alternative Phone No.	

