



# AMAZING CAREGIVERS

*exceptional care every step of the way!*

## EMPLOYMENT APPLICATION FORM

<b>PERSONAL DATA</b>			
<b>Name</b> (Last, First, Middle)			
Street Address/ Mailing Address		City	State    Zip
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma/ GED Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>POSITION INFORMATION</b> Check all that is applicable for you			
Hours:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Daytimes <input type="checkbox"/>  Evenings <input type="checkbox"/>	Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/>	Status:    Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you authorized to work in the US on an unrestricted basis?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an application)    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain:			
Have you read and understood the functions of the job provided in the Job Description?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform the essential functions of the job description with or without accommodation?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>QUALIFICATION</b> Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training			
	<b>School Name</b>	<b>Degree</b>	<b>Address/ City/ State</b>
<b>School</b>			
<b>School</b>			
<b>Other</b>			
<b>SPECIAL SKILLS</b> List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.			



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**REFERENCES** Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/ City/ State	Phone	Relationship

**WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

<b>Job Title #1</b>	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for leaving	Starting Salary:	Ending Salary:

May we contact you present employer? Yes  No  N/A

<b>Job Title #2</b>	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)
Company Name:	Supervisor's Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for leaving:	Starting Salary:	Ending Salary:

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The Employer may contact any listed references on this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date