



**AMAZING
CAREGIVERS**

exceptional care every step of the way!

EMPLOYMENT APPLICATION FORM

PERSONAL DATA

Name (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 ☐ No ☐

POSITION INFORMATION

 Check all that is applicable for you

Hours:

Full Time ☐

Part Time ☐

Daytimes ☐

Evenings ☐

Swing ☐

Graveyard ☐

Weekends ☐

Status:

Regular ☐

Temporary ☐

Are you authorized to work in the US on an unrestricted basis?

Yes ☐

No ☐

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an application) Yes ☐ No ☐

If Yes, explain:

Have you read and understood the functions of the job provided in the Job Description? Yes ☐ No ☐

Can you perform the essential functions of the job description with or without accommodation? Yes ☐ No ☐

QUALIFICATION 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

	School Name	Degree	Address/ City/ State
School			
School			
Other			

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

----- confidential document -----

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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)

Job Title #1	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 ☐

Job Title #2	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