



Care as it should be ...

APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veteran's employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Date _____

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone #: _____ Alternate Phone #: _____ Birthday: _____

Email: _____

How did you hear about this position? _____ Referred By: _____

Are you legally entitled to work in the United States? YES NO Are you at least 18 years of age? YES NO _____

In Case of Emergency Notify: _____
Name Phone # Relationship to you

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves? YES NO

Have you ever been convicted of a crime other than minor traffic violations? YES NO
If yes, describe the nature of the crime and provide the place and date of conviction: _____

EMPLOYMENT DESIRED

Position: RN LPN/LVN Homemaker IHS DSP Clerical
 Respite caregiver Other _____

Have you passed Competency Testing? YES NO Do you have a Certificate? YES NO

Do you have a current Driver's License? YES NO Do you currently have a car? YES NO

Have you ever applied to this Company before? YES NO Where? _____ When? _____

PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS

Do you have any professional licenses, certifications and/or registrations? YES NO



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License/Certificate/ Registration #:	Type	State Issued	Date Expires	Status (List Active, Inactive, Restricted, Conditional or Pending)



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REFERENCES

Give below the names of three work related references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

EDUCATION

NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
ADDITIONAL TRAINING				

FORMER EMPLOYERS

List below your complete employment history for the last five years, starting with the most recent position first.

Attach additional pages if necessary.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME INCLUDING PHONE #	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that 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, with or without cause, and with or without any prior notice.



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I hereby agree that, as a condition of employment by the Agency, I will promptly inform the Agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Date _____ Signature _____