

# Employment Application

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

## Caring Excellence Personalized Home Care Services LLC

Date \_\_\_\_\_

H  
HHHh

### PERSONAL DATA

Name \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Alternate Phone ( ) - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License: \_\_\_\_\_

Operator  CDL  CDL Type \_\_\_\_\_ Endorsements \_\_\_\_\_

Owner of a Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_ Proof of insurance required if owner of vehicle.  
Insurance Company \_\_\_\_\_ Copy of Insurance Card required prior to hire

Are you a Veteran of Military Service  Yes

Social Security Number \_\_\_\_\_

Position Applying For \_\_\_\_\_

Full Time ( 36-40 Hours/Week) \_\_\_\_\_ Part-Time \_\_\_\_\_ Hours/Week Requested \_\_\_\_\_

Shift Availability- Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Associate Referral \_\_\_\_\_

### EDUCATION

High School Diploma or GED?  Yes  No Post-Secondary Degree?  AA  BS BA  MS MA

High School Name/Location \_\_\_\_\_ Date \_\_\_\_\_

College or Trade School Name/Location \_\_\_\_\_ Date \_\_\_\_\_

**WORK  
EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
*Street / P.O. Box* *City* *State* *Zip Code*

Job Title \_\_\_\_\_ Phone ( ) -

Job Description (duties, skills, equipment used) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From (mm/yy) / To (mm/yy) / Reason for leaving \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

Volunteer Work \_\_\_\_\_

Licenses, Certificates, special skills, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST REFERENCES (preferably persons who know about your work/training)**

Name	Address	Phone Number
_____	_____	( ) -
_____	_____	( ) -
_____	_____	( ) -

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes give date, place and nature of each such offense below.

Are you presently charged with any violation of the law?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes give date, place and nature of each such offense below.

Have you had any driving violations in the past 12 months?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes give date, time and nature of each such offense below.

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer?  Yes  No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I voluntarily authorize all former employers, educational institutions, persons, companies, law enforcement agencies or military services to release information they may have about me in connection with his application. I release all persons or companies from any liability or responsibility for providing such information.

\_\_\_\_\_

I authorize Caring Excellence to perform a pre-employment background check. I understand that any offer of employment is contingent on the passing of a drug screening test and acceptable background check. If employment is offered I agree to pre-employment drug screening and post-employment drug screening on occasions when Caring Excellence deems necessary.

I understand that nothing contained in this application or interview creates a contract between Caring Excellence Personalized Home Care Services and myself for employment or providing of any benefit.

Signature \_\_\_\_\_

Date \_\_\_\_\_