

# Employment Application

Please complete this application in ink. INCOMPLETE or UNSIGNED applications will not be considered. If completed on-line, your submission via email or fax will be considered your e-signature.

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

### Personal Data

Applicant Name \_\_\_\_\_

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

Home Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Owner of a Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Proof of insurance required if owner of vehicle

Copy of insurance Card required prior to hire

Are you a Veteran of Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Full Time (40 hours weekly) \_\_\_\_\_ Part Time \_\_\_\_\_ Hours/Week requested \_\_\_\_\_

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

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

If referred by a Caring Excellence Employee, please enter employee name \_\_\_\_\_

### Education

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

High school name and location: \_\_\_\_\_

Date attended: \_\_\_\_\_

College or Trade School name and location: \_\_\_\_\_

Date attended: \_\_\_\_\_

Additional comments, if any:

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

**Work Experience: Please list most recent 3 employers with accurate contact information**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Job Description (duties, skills, equipment used)      Hourly or Salary rate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Job Description (duties, skills, equipment used)      Hourly or Salary rate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Job Description (duties, skills, equipment used)      Hourly or Salary rate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Additional Information That Could Help You Qualify for this Position**

**Volunteer work**

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**Licenses, Certificates, Special Skills, Etc.**

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

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

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

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**Are you able to squat, bend, stand and walk regularly, repeatedly and frequently as needed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details of limitation**

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**Are you able to lift a minimum of 35 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details of limitation**

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**Are you able to push a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details of limitation**

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**Are you able to complete simple housekeeping chores? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details of limitation**

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**List References (preferably persons who know about your work/training history)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

**List all residences for the past 2 years, beginning with the most recent:**

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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 on a later date.

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

With my signature below (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 this application. I release all persons or companies from any liability or responsibility for providing such information.

I authorize Caring Excellence Personalized Home Care Services LLC 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 LLC and myself for employment or providing of any benefit.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_