



EMPLOYMENT APPLICATION

Position Applied For: _____

Today's Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City/State Zip

Home Phone: (____) _____ Cell: (____) _____ Email: _____

Are you eligible to work in the US? Yes No

Have you been convicted of a crime in the past seven (7) years? No Yes- *please explain* _____

EDUCATION

	School Name	City, State	Major	Graduated
High School/GED:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Technical:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS AND QUALIFICATIONS

Dementia/Alzheimer's Care Training Home Care Experience Bilingual: _____

Certification/Registration: _____ Expiration Date: _____

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Satisfactory TB Screening (*past twelve (12) mnths*): Yes No Current CPR/First Aid: Yes No

AVAILABILITY

There is no guarantee as to the schedule or the number of hours worked

Are you seeking: Full-Time Part-Time PRN employment? Requested hours per week: _____

Desired Pay: \$_____per hour Current Pay: \$_____per hour

Please indicate days and hours you are available to work:

Mon _____ to _____ Tues _____ to _____ Wed _____ to _____ Thurs _____ to _____

Fri _____ to _____ Sat _____ to _____ Sun _____ to _____

PREFERENCES

Please indicate the counties you are willing to work:

Rockdale Newton Henry Walton Gwinnett

Are you willing to provide services to a client with a pet? Yes No If yes, Dogs Cats

Are you willing to provide services to a client who smokes? Yes No

EMPLOYMENT HISTORY <i>Please provide at least five (5) years of work history beginning with most recent</i>		
Employer (1) :		Hourly Pay Rate:
Address:		Job Title:
Supervisor:	Phone:	From: To:
Job Duties:		
Reason for Leaving:		May We Call to Verify?
Employer (2) :		Hourly Pay Rate:
Address:		Job Title:
Supervisor:	Phone:	From: To:
Job Duties:		
Reason for Leaving:		May We Call to Verify?
Employer (3) :		Hourly Pay Rate:
Address:		Job Title:
Supervisor:	Phone:	From: To:
Job Duties:		
Reason for Leaving:		May We Call to Verify?
Employer (4) :		Hourly Pay Rate:
Address:		Job Title:
Supervisor:	Phone:	From: To:
Job Duties:		
Reason for Leaving:		May We Call to Verify?
Employer (5) :		Hourly Pay Rate:
Address:		Job Title:
Supervisor:	Phone:	From: To:
Job Duties:		
Reason for Leaving:		May We Call to Verify?

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information provided in this employment application is accurate and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application. I also authorize any school, current employer (except as previously noted), past employers, and other organizations named in this application to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application is not an employment contract. Subsequent employment does not guarantee employment for a definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause or notice.

My signature below certifies that I have read, understand, and agree to the above disclosures.

Applicant Signature: _____ Date: _____