



EMPLOYMENT APPLICATION

Position Applying For: _____ Date Available: _____

EMPLOYEE INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Phone: _____ Email: _____

Address: _____

Willing to work: Full Time Part-Time PRN (as needed)
 Day Shift Night Shift Weekends

Are you related to any current employee/resident? Yes No If yes, who? _____

Are you at least 18 years of age? Yes No Are you currently vaccinated for Covid 19 or willing to be vaccinated? Yes No

EDUCATION

GED or Equivalent: Yes No

High School: _____ City: _____ State: _____ Graduate? Yes No

College: _____ City: _____ State: _____ Graduate? Yes No

Degree(s): _____ License #: _____ Exp Date: _____

Other Training (specify type): _____ License #: _____ Exp Date: _____

EMPLOYMENT HISTORY

List most recent employment first. Be sure all your experience or employers related to this job are listed here, in the summary following this section or an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer Name and Address: _____ _____ _____	Position Title/Duties, Skills: _____ _____ _____	Start Date: _____	End Date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	
Employer Name and Address: _____ _____ _____	Position Title/Duties, Skills: _____ _____ _____	Start Date: _____	End Date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____	Reason for leaving: _____ _____	
Employer Name and Address: _____ _____ _____	Position Title/Duties, Skills: _____ _____ _____	Start Date: _____	End Date: _____
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Employer Name and Address: _____ _____ _____	Position Title/Duties, Skills:	Start Date:	End Date:
Pay: \$ _____ Per: _____		Reason for leaving:	
Employer Name and Address: _____ _____ _____	Position Title/Duties, Skills:	Start Date:	End Date:
Pay: \$ _____ Per: _____		Reason for leaving:	
	Supervisor:	Phone:	

Summarize other employment related to this job:

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered: _____

Professional licenses, certifications or registrations: _____

Additional skills, including supervision skills, other language skills or information regarding the position that you wish to bring to the employer's attention: _____

REFERENCES

List two personal references who are not relatives or former supervisors.

Name: _____ Phone/Email: _____ Years Known: _____

Name: _____ Phone/Email: _____ Years Known: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment you may be required to: supply your birth certificate or other proof of age and/or authorization to work in the United States, undergo a Caregivers Criminal History Screening and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

INTERVIEW NOTES