

EDUCATION:

<u>School Name</u>	<u>Location/Address of School</u>	<u>Course of Study</u>	<u># of Years</u>	<u>Degree/Study</u>
<u>Diploma College:</u>				
_____	_____	_____	_____	_____
<u>Vocational/Technical School:</u>				
_____	_____	_____	_____	_____
<u>High School</u>				
_____	_____	_____	_____	_____
<u>Other:</u>				
_____	_____	_____	_____	_____

Employment: List of the last five (5) years, starting with the most recent employer

<u>Company Name</u>	<u>Address</u>	<u>Telephone:</u>	<u>Dates of Empl.</u>	
			<u>From:</u>	<u>To:</u>
1. _____	_____	_____	_____	to _____
Job Title and describe your work. _____				
2. _____	_____	_____	_____	to _____
Job Title and describe your work. _____				
3. _____	_____	_____	_____	to _____
Job Title and describe your work. _____				
4. _____	_____	_____	_____	to _____
Job Title and describe your work. _____				
5. _____	_____	_____	_____	to _____
Job Title and describe your work. _____				

APPLICATION FOR EMPLOYMENT:

Was your last name different from your present name during the above listed jobs?

___ Yes ___ No

If "Yes", what was your name used? _____

Are you currently employed? ___ Yes ___ No

Do you have reliable transportation? ___ Yes ___ No

PROFESSIONAL REFERENCES: Person who can furnish information about job performance

	Name/Contract	Address	Telephone	Fax	:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

GENERAL:

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support agency? ___ Yes ___ No

Conviction will not necessarily disqualify an applicant from employment

If "Yes", describe in full: _____

Are you capable of performing the job set forth in the job description? ___ Yes ___ No

If you answered "No", which job requirements can you not meet?

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application **SHALL BE GROUNDS FOR DISMISSAL**

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from :furnishing the same to the Agency.

I understand and agree that, if hired, 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 for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

DATE: _____ **SIGNATURE** _____

Applicant Reference Check (1 of 2)

To whom it may concern:

The applicant named below has submitted for employment with our agency. Please verify employee and rate the performance of this candidate. This information will not be provided to the employee.

To be filled out by job applicant

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: _____
Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Would you rehire this individual? _____ Yes _____ No

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay (weekly/biweekly/salary): _____ (+) _____

Additional comments (training/skills) _____

Applicant Reference Check (2 of 2)

To whom it may concern:

The applicant named below has submitted for employment with our agency. Please verify employee and rate the performance of this candidate. This information will not be provided to the employee.

To be filled out by job applicant

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: _____
Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Would you rehire this individual? _____ Yes _____ No

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay (weekly/biweekly/salary): _____ (+) _____

Additional comments (training/skills) _____