Employment Application 

Date**: \_\_\_\_\_\_\_\_\_\_\_** D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_Last Four Digits SSN\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Maiden

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP/Postal Code

Telephone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address How did you hear about us\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Specify Days and Hours Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_ PRN

Current hourly pay rate $\_\_\_\_\_\_ Desired pay per hour $\_\_\_\_\_\_\_\_\_\_

Are you legally eligible to work in the US? \_\_\_Yes\_\_\_ No

Are you available to work a Call Off, if needed? \_\_\_\_Yes\_\_\_ No

Have you ever been employed at Truly Cares Home Health Care? \_\_\_\_\_ Yes\_\_\_\_\_ No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_ Why did you leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends or family employed with Truly Cares Home Health Care? \_\_\_\_ Yes \_\_\_\_ No

**FYI: A Conviction will not be a determining factor in continuing the pre-screening process or potential employment opportunities.**

Have you been convicted of a crime in the last seven (7) years? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

During the hiring process, do you agree to provide a criminal background check? \_\_\_ Yes\_\_\_ No

During the hiring process, do you agree to provide a Motor Vehicle Record? \_\_ Yes\_\_ No

**Educational Background: Please Answer The Following Questions**

List previous educational history

|  |  |  |
| --- | --- | --- |
| Institution | Field of study | Graduated |
|  |  | \_\_\_Yes\_\_ No |
|  |  | \_\_Yes\_\_ No |
|  |  | \_Yes\_\_ No |

**Document Checklist**

|  |  |  |
| --- | --- | --- |
| **Documents** | Current | Expires |
| CNA Certification |  Yes No |  |
| CPR/ First Aid | Yes No |  |
| Driver’s License | Yes No |  |
| TB Screening | Yes No |  |

**Additional Certification**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Awards**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization/Membership**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any additional information to include about yourself please list below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT BACKGROUND**

List your previous employers beginning with the most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name: | Phone:( ) |  EMPLOYED |  PERFORMED AND JOB RESPONSIBILITIES |
| FROM | TO | Responsibilities: |
| Address: |  |  |  |  |
| Job Title: |  | Starting HourlyRATE/SALARY |  |
|  Rate |
| Supervisor Name/Phone: |  | $ |  |  |
| Reason for leaving: |  | Final Hourly RATE/SALARY |  |
|  Rate |
| May we call to verify? Yes No Later |  | $ |  |  |
| Employer name: | Phone: ( ) |   | Responsibilities: |
| FROM | TO |
| Address |  |  |  |  |
| Job Title |  | Starting HourlyRATE/SALARY |  |
|  Rate |
| Supervisor Name/Phone: |  | $ |  |  |
| Reason for leaving: |  |  Final Hourly RATE/SALARY |  |
|  Rate |
| May we call to verify?  |  | $ | per |  |
| Employer Name: | Phone:( ) |  |  Responsibilities: |
| FROM | TO |
| Address: |  |  |  |  |
| Job Title: |  | Starting HourlyRATE/SALARY |  |
|  Rate |
| Supervisor Name/Phone: |  | $ | per |  |
| Reason for leaving: |  | Final HourlyRATE/SALARY |  |
|  Rate |
| May we call to verify? |  | $ | per |  |
| Employer Name:  | Phone:( ) |  | Responsibilities: |
| FROM | TO |
| Address: |  |  |  |  |
| Job Title: |  |  Starting HourlyRATE/SALARY |  |
|  Rate |
| Supervisor Name/Phone: |  | $ | per |  |
| Reason for leaving: |  |  Final HourlyRATE/SALARY |  |
|  Rate |
| May we call to verify? |  | $ | per |  |

References: List the name, relationship, number of years acquainted, and phone number of three references. **(No relatives please).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Years acquainted | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*\*CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**