**APPLICATION**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation(s) to the application and/or interview process should notify a representative of the Main Office.

**PLEASE PRINT**

Position(s) applied for Date of application

Name Social Security #

Last, First (MI)

month / day / year

Address

Street City Zip Code

Telephone Mobile

Email address @

Are you legally eligible for employment in this country? Y N

Have you been employed here before? Y N Dates/Position(s)

Date available for work Hours available for work

Type of employment desired Full Time Part Time PRN Temporary Seasonal Educational Co-Op

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Y N If yes, provide date(s) & details

**ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATES OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.**

Driver's license number if driving is an essential job function State

Why did you choose this type of career?

What qualities do you think a good caregiver should have?

Can you travel? Y N What counties can you cover?

We ask that all of our employees work every other weekend. Will that be a concern for you? Y N

Do you have reliable transportation? Y N Do you have anything on your criminal report? Y N Has your professional license (if required for this position) ever been suspended or revoked? Y N

If yes, explain.

|  |  |  |  |  |  |  |  |  |
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| **EMPLOYMENT HISTORY - Provide employment history for the last five years, starting with the most recent. (Attach additional pages if needed)** | | | | | | | | |
|  |  |  | |  | | |  | |
| Start date | End date | Company / Employer Name | | Employer Address | | | Telephone Number | |
|  | |  | |  | | | | |
| Job title | | Immediate Supervisor & Title | | Job duties / Work Performed | | | | |
|  | | | | | Y | N |  |  |
| Reason for leaving | | | | | May we Contact? | | Beginning Pay Rate | Ending Pay Rate |
|  | | | | | | |
|  | | | | | | | | |
|  |  |  | |  | | |  | |
| Start date | End date | Company / Employer Name | | Employer Address | | | Telephone Number | |
|  | |  | |  | | | | |
| Job title | | Immediate Supervisor & Title | | Job duties / Work Performed | | | | |
|  | | | | | Y | N |  |  |
| Reason for leaving | | | | | May we Contact? | | Beginning Pay Rate | Ending Pay Rate |
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|  | |  | |  | | | | |
| Job title | | Immediate Supervisor & Title | | Job duties / Work Performed | | | | |
|  | | | | | Y | N |  |  |
| Reason for leaving | | | | | May we Contact? | | Beginning Pay Rate | Ending Pay Rate |
|  | | | | | | |
|  | | | | | | | | |
| **EDUCATIONAL BACKGROUND** | | | | | | | | |
|  | NAME & LOCATION | | NUMBER OF YEARS  COMPLETED | | GRADUATE? | | COURSE OF STUDY | |
| COLLEGE |  | |  | | Y | N |  | |
| TRADE  SCHOOL |  | |  | | Y | N |  | |
| HIGH SCHOOL |  | |  | | Y | N |  | |
|  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCES. Provide 3 references below** | | | |
| NAME | CONTACT NUMBER | OCCUPATION | YEARS KNOWN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with Family Care, Inc. is true, complete, and correct. I understand that any false, incomplete, or misrepresented information provided by me, in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Family Care, Inc.'s employment, whenever it is discovered. I expressly authorize, without reservation, Family Care, Inc., its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Family Care, Inc. its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Family Care, Inc. does not unlawfully discriminate in the employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited local, state, or federal law.

I understand that this application remains current for 90 (ninety) days. At the conclusion of that time, if I still wish to be considered for an employment opportunity, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that at any time either I or Family Care, Inc. can resign or terminate employment, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT IN FULL.**

**I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.**

Applicant Name Applicant Signature Date

Thank you for your interest in Family Care, Inc. If you are contacted and scheduled for an interview, please be prepared to bring the following items with you to the interview:

* Valid Driver's License
* Valid Auto Insurance Card
* Proper I-9 Documentation (Social Security Card, etc.)
* Motor Vehicle Record (MVR) Showing last 3 years of driving history
* Criminal Background Record (dated within the last 3 months)
* Current Professional License: RN, LPN, CNA. (If not CNA, schedule a time to take the PCA test)
* Current CPR and First Aid Certification