



Application for Employment

Date: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen.

Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable opening. Upon employment, this application will become part of your personnel record with A Love for Homecare

Keep this in mind as you complete it. **NOTE: California is an "At-Will State" meaning that the employer or employee can terminate employment at any time and no reason for termination is needed by either party. You are not required to supply any information that is prohibited by federal, state or local law.**

A Love for Homecare does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status or disability. You may request assistance in completing this application.

Last Name: _____

First Name: _____ MI: _____

Social Security Number: _____

Phone Number: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different from above)

Address: _____

City: _____ State: _____ Zip: _____

Emergency contact: _____

Relation: _____ Phone Number: _____

Have you ever worked for or applied for work with *A Love for Homecare*? Yes No

Have you had any experience related to caregiving? Yes No

Nursing Home Family Friend Other _____

Are you currently certified as a CNA? Yes No (Certification is not required for employment with our company.)



Do you have any other certifications or licenses? Yes No If so, please list them in the space provided below.

Type of employment sought: Regular Full-time Regular Part-time Temporary As Needed

When are you available for work? Days Nights Weekends Holidays

Indicate hours you are available to work on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Are you available for live-ins? _____

If so, what days? _____

How did you hear about *A Love for Homecare*?

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain _____



Job Title

Employer

Address

City, State, Zip

Phone Number

Supervisor

Dates Employed _____

Reason for Leaving

Job Title

Employer

Address

City, State, Zip

Phone Number

Supervisor

Dates Employed _____

Reason for Leaving

Job Title

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Reason for Leaving

PERSONAL REFERENCES

1.

Name

Phone Number

2.

Name

Phone Number

3.

Name

Phone Number

I certify that all information is true and correct to the best of my knowledge and give *A Love for Homecare* permission to check all previous places of employment and references listed above.

Signature

Date