

APPLICATION FOR EMPLOYMENT

Date:		Job for Which you are Applying:			
PRINT NAME	Last	First	Middle	Social Security Number	Telephone Number
	Number	Street	City	Zip Code	DATE OF BIRTH Month Day Year
ADDRESS	City			State	
PLACE OF BIRTH	WHAT PROOF OF U.S. CITIZENSHIP DO YOU HAVE?				
GENDER (circle) Male Female	MARITAL STATUS (circle) Single Married Widowed Divorced			DO YOU OWN A VEHICLE?	
CONDITION OF HEALTH AT PRESENT			ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR A MAJOR HEALTH CONDITION?		
DO YOU CURRENTLY TAKE PRESCRIPTION NARCOTIC MEDICATIONS?			If so, please list		
ARE YOU RELATED TO ANYONE NOW EMPLOYED HERE? Name			IS YOUR SPOUSE CURRENTLY EMPLOYED?		
HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THIS COMPANY?			If so, When?		
WERE YOU BORN OR HAVE YOU EVER RESIDED IN ANOTHER COUNTRY OTHER THAN THE UNITED STATES? (circle) YES NO					

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT MEMBERS OF YOUR IMMEDIATE FAMILY,

	NAME	Age	PRESENT ADDRESS	OCCUPATION
FATHER				
MOTHER				
SPOUSE				
CHILD				

HAVE YOU EVER SERVED IN THE US ARMED FORCES?	IF YES, WHEN?	WHICH BRANCH?
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PLEASE GIVE THE FOLLOWING INFORMATION ABOUT YOUR EDUCATION,

	NAME OF SCHOOL	NAME OF COURSE	COMPLETED?	GRADUATED	DEGREE
High School		General Education			
College					

ARE YOU CURRENTLY A CERTIFIED NURSING ASSISTANT? (please circle) YES NO RENEWAL DATE?

HAVE YOU RECEIVED A 15hr OR 80hr TRAINING COURSE TO BE A PERSONAL CARE ASSISTANT FROM ANOTHER FACILITY? YES NO

HAVE YOU WORKED AT LEAST 3 OF THE LAST 12 MONTHS AS A PERSONAL CARE ASSISTANT AT ANOTHER FACILITY? YES NO

PLEASE GIVE THE FOLLOWING EMPLOYMENT RECORD, STARTING WITH THE PRESENT, OR MOST RECENT EMPLOYER,

COMPANY NAME	DATES	RATE OF PAY	DUTIES PERFORMED	REASON FOR LEAVING
(1)	From: To:			
(2)	From: To:			
(3)	From: To:			
(4)	From: To:			
(5)	From: To:			
(6)	From: To:			

IF NOW EMPLOYED, WHY DO YOU DESIRE TO CHANGE? SALARY OR WAGE EXPECTED

WHAT TRANSPORTATION DO YOU HAVE TO WORK?

Name	Address	Telephone Number	Relationship
IN CASE OF ACCIDENT, NOTIFY			

PLEASE PROVIDE THREE REFERENCES BELOW,

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
(1)			
(2)			
(3)			

DO YOU HAVE A CRIMINAL HISTORY? (please circle) YES NO (Criminal record checks will be performed.)

If yes, please explain

I certify that the information I have submitted on this application for employment is true and correct to the best of my knowledge. I agree to submit to a physical examination and drug test, if requested.

I understand that falsification of information included in this application is ground for immediate dismissal.

SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

Notes: _____

Interviewed by: _____ Date: _____