

EMPLOYMENT APPLICATION



DATE: / /

Last Name			
First	MI		
Street Address			
City		State	ZIP
Phone () -		E-mail Address	
Date Available	Social Security No.	Desired Wage: \$	/HOUR
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have a current cleared background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a vehicle and valid insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	**Driving may be a small part of your job**
How far are you willing to drive to work?	_____ miles from _____		
Do you have work history that is similar to PCA/in home services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how long?
Are you available for overnights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

AVAILABILITY: Place times you're available to work in the boxes below. Place (X's) in days you are NOT available.

EXAMPLE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
8am							
3 pm							

EDUCATION:

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES:*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY:

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	DATE: / /