

# GOLDEN WHEELS COMPANIONS & CONSULTING

## Application for Direct Care Worker/Independent Contractor

Golden Wheels Companions & Consulting is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from considerations for work on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the COO or Owner.

### I. Personal Information

|                                                                                                                                          |       |        |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------|
| Last Name                                                                                                                                | First | Middle | Date                                                                     |
| Street Address                                                                                                                           |       |        | Home Phone                                                               |
| City, State, Zip                                                                                                                         |       |        |                                                                          |
| E-mail Address                                                                                                                           |       |        | Business Address                                                         |
| Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                   |       |        | Social Security No.                                                      |
| Have you ever completed an application with us or contracted with us prior?                                                              |       |        | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| If Yes, Month and Year _____                                                                                                             |       |        |                                                                          |
| How did you learn of our organization?                                                                                                   |       |        |                                                                          |
| Are you legally eligible for employment in the United States?                                                                            |       |        |                                                                          |
| When will you be available to start working?                                                                                             |       |        |                                                                          |
| Are you currently employed? If so, may we inquire of your present employer?                                                              |       |        |                                                                          |
| Have you committed a prohibited offense/crime outlined in Older Adults Protective Services Act contained in Act 169 of 1996 and Act 13 * |       |        | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| If Yes, please explain.                                                                                                                  |       |        |                                                                          |
| Are there any reasons you might not be able to perform job duties?                                                                       |       |        | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| If Yes, please explain.                                                                                                                  |       |        |                                                                          |
| Driver's License No.                                                                                                                     | State |        | Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No |

## II. Education

|              | Name and Location | Course of Study | No. of years completed | Did you graduate?                                        | Degree or Diploma |
|--------------|-------------------|-----------------|------------------------|----------------------------------------------------------|-------------------|
| High School  |                   |                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| College      |                   |                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| Trade School |                   |                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| Other        |                   |                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |

## III. Employment History

|                                    |                    |
|------------------------------------|--------------------|
| Company Name                       | Telephone          |
| Address                            | Employment Period  |
| Name of Supervisor                 | Hourly Rate        |
| Start Job Title/Describe Your Work | Reason for Leaving |

|                                    |                    |
|------------------------------------|--------------------|
| Company Name                       | Telephone          |
| Address                            | Employment Period  |
| Name of Supervisor                 | Hourly Rate        |
| Start Job Title/Describe Your Work | Reason for Leaving |

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------|

IV. References

| Name | Phone # | Business | Years Acquainted |
|------|---------|----------|------------------|
|      |         |          |                  |
|      |         |          |                  |

V. Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create contractual obligation upon the employer to continue to employ me in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*No applicant will be denied work solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event and the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.