

TOGETHER AT HOME PERSONAL CARE AGENCY LLC.

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Telephone # () Cell Phone # ()

E-Mail address _____ Referred to us by _____

Position(s) applied for [] Caregiver [] Nursing [] Other: _____ Date available _____

Type of employment desired [] Full-Time [] Part-Time [] Casual Please Specify Days and Hours

If currently employed, may we contact your employer? [] Yes [] No

Is there a specific reason you are applying for employment at this company? [] Yes [] No
If Yes, please briefly outline the reason:

Are you age 18 or over? [] Yes [] No

Are you legally eligible for employment in this country? [] Yes [] No

Are you available to work overtime if required? [] Yes [] No

Have you applied with this company before? [] Yes [] No

Have you been employed at this company before? [] Yes [] No
If yes, when? _____ At what location? _____

Do you have any friends or family employed at this location? [] Yes [] No

Have you been convicted of a crime in the last seven (7) years? [] Yes [] No
If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to provide a criminal background check? [] Yes [] No

If considered for hiring, will you agree to provide a Driver's license? [] Yes [] No [] N.A.

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Valid in State
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the following:

CPR	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Last Certified _____
First Aid	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Last Certified _____
WHMIS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Last Certified _____

List times you are available to work. Be as accurate as possible when completing this section. Should you pass the screening process, this will serve as a guideline for creating a work schedule. Hours of operation are Sunday through Saturday from 6:00 am - 10:00 pm, including holidays

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

Schedule comments: _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
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JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
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IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all information in this application is accurate and complete and understand that misrepresentation or omission of facts may result in removal from consideration for employment or dismissal after employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Together at Home creates an actual or implied contract of employment. I understand that, if I accept employment with Together at Home, it will be on an at-will basis. Either Together at Home or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to a Criminal Background Check. I release Together at Home, its employees, and other persons or companies from any and all liability arising out of or related in any way to such a check.

If I am employed, I will work the scheduled hours and days as needed or in another area of classification if requested to do so and will conduct myself in accordance with the policies and objectives of Together at Home. I understand that failure to do so may result in termination of employment. This application must be signed and dated to be considered for employment.

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

A 1 2 3 4 5 6 7 8 9 10

C 1 2 3 4 5 6 7 8 9 10

F 1 2 3 4 5 6 7 8 9 10
