

# Employment Application

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.**

(PLEASE PRINT)

Position(s) applied for	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number / /				

State regulations require employees in this field to be at 21 (Delaware) or 18 (Florida and New Jersey) years of age. Do you qualify? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Flex Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Conviction will not necessarily disqualify an applicant from employment, except as controlled by State Statute as stated hereinbelow.** If yes, please explain \_\_\_\_\_

A condition of employment shall be that you have not been convicted of any crime within the applicable state statute for care givers covered by Employer's license. See attached Exhibit A.

\_\_\_\_\_ Yes, I Have \_\_\_\_\_ No, I Have Not

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

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# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

# Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer		Dates Employed		Duties & Responsibilities
Address		From	To	
City/State/Zip				
Job Title	Supervisor/Telephone	Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

2.

Employer		Dates Employed		Duties & Responsibilities
Address		From	To	
City/State/Zip				
Job Title	Supervisor/Telephone	Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

3.

Employer		Dates Employed		Duties & Responsibilities
Address		From	To	
City/State/Zip				
Job Title	Supervisor/Telephone	Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

4.

Employer		Dates Employed		Duties & Responsibilities
Address		From	To	
City/State/Zip				
Job Title	Supervisor/Telephone	Hourly Rate/Salary		
Reason for Leaving		Starting	Final	

If you need additional space, please continue on a separate sheet of paper

**Skills and Qualifications:** Summarize job related skills and qualifications acquired from employment or other experience.

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# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

As a condition of employment, I accept the principle that the welfare of the Employer depends upon the conduct and honesty of the members of the staff and the trust and compliance of the public, I therefore agree to the following:

I agree to inform management of the Employer, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct (including any client abuse) which I discover or know to have taken place in any record, property, friends or clients of the Employer and to report any transaction or matter that seems damaging to the Employer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby agree to being fingerprinted before or during my employment and agree to my fingerprint record being processed by the FBI or other Law Enforcement agency.

I fully understand because of the nature of the business conducted that all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description relating to the business or to anyone with whom the business has dealings, constitute privileged matters and are to be treated in a strictly confidential manner.

In the event I am employed, I will comply with all rules and regulations as set forth in the policy manual or other communications distributed to all employees.

I understand that if I am employed, a photograph may be later required for attachment to my personnel file.

If employment is offered, I shall be responsible for filling out and delivering to employer a Request for Criminal Background Check which by delivering to employer, employee agrees for it to be submitted for said check by appropriate agencies. Failure to submit within three (3) days of employment shall result in immediate termination and discharge.

I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date