



AN EQUAL OPPORTUNITY EMPLOYER

NAME: LAST			FIRST		MIDDLE		SOCIAL SECURITY NUMBER			
ADDRESS: STREET					CITY		STATE		ZIP	
								TELEPHONE:		
								(area code)		
								HOME: ()		
								(area code)		
								CELL/PAGER: ()		
HAVE YOU EVER WORKED UNDER A DIFFERENT NAME?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If Yes, Give All Names: _____										
IN EMERGENCY, NOTIFY:										
Name: _____ Phone # () _____										
ARE YOU 18 YEARS OLD OR OVER?					HAVE YOU EVER BEEN CONVICTED OF A CRIME?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>					
If Yes, Describe _____										

ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>										
If No, what type of Visa do you have? _____										
POSITION DESIRED: ___ HHA ___ CNA ___ Companion Days and Times Available										
___ RN ___ LPN ___ Other										

Geographic Area Desired: (List Cities) _____										

EARNINGS EXPECTED: \$ _____ per _____ Available Starting Date: _____										
PROFESSIONAL LICENSE NO. _____ State _____ Year _____										
FIELD POSITION ONLY										
DO YOU HAVE A CAR AVAILABLE FOR WORK?					Yes <input type="checkbox"/> No <input type="checkbox"/>		DRIVER'S LICENSE NO.			
HAVE YOU EVER APPLIED AT THIS AGENCY?					Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When:			
HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY?					Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When:			
DO YOU HAVE RELATIVES EMPLOYED BY THIS AGENCY?					Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When:			

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY A FORMER EMPLOYER?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, Explain										

WHAT PROMPTED YOU TO APPLY FOR EMPLOYMENT

Check below and complete where indicated

- | | |
|--|--|
| 1. _____ Newspapers (Name) _____ | 8. _____ Community College (Name) _____ |
| 2. _____ Journals or Publications _____ | 9. _____ Employment Agency _____ |
| 3. _____ University Placement Offices (Name) _____ | 10. _____ Unemployment Office _____ |
| 4. _____ Business School (Name) _____ | 11. _____ Direct (Explain) _____ |
| 5. _____ Business School (Name) _____ | 12. _____ Employee Referral (Name) _____ |
| 6. _____ Internet _____ | 13. _____ Clinical Rotation _____ |
| 7. _____ Temporary Agency (Name) _____ | 14. _____ Other (Describe) _____ |

EDUCATIONAL HISTORY

NAME OF SCHOOL	LOCATION (CITY, STATE, ZIP)	GRADUATED		IF YES: DATE	DEGREE/ MAJOR STUDY
		YES	NO		
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

HONORS AND/OR AWARDS RECEIVED

SPECIAL SKILLS

DO YOU TYPE? Yes WPM _____ No

DO YOU TAKE SHORTHAND? Yes WPM _____ No

WHAT OFFICE MACHINES/COMPUTERS DO YOU OPERATE? _____

LIST SOFTWARE: _____

DO YOU HAVE ANY OTHER SKILLS THAT YOU WISH TO MENTION?

WHAT OTHER LANGUAGES DO YOU SPEAK?

WHAT OTHER LANGUAGES DO YOU READ?

WHAT OTHER LANGUAGES DO YOU WRITE?

MILITARY SERVICE INFORMATION

WERE YOU IN ACTIVE MILITARY SERVICE? Yes No

IF YES, PLEASE COMPLETE THIS SECTION.

PRESENT MILITARY STATUS _____ DATES OF SERVICE FROM _____ TO _____

SPECIAL TRAINING RECEIVED _____

EMPLOYMENT HISTORY

List below all past and present employment, beginning with the most recent.

NAME OF COMPANY	BUSINESS ADDRESS	CITY, STATE, ZIP
TELEPHONE	DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE FINAL
DESCRIPTION OF DUTIES		

REASON FOR LEAVING
May we contact? Yes No If No, why: _____

IF THERE IS A GAP IN EMPLOYMENT MORE THAN (2) MONTHS, PLEASE EXPLAIN

NAME OF COMPANY	BUSINESS ADDRESS	CITY, STATE, ZIP
TELEPHONE	DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE FINAL
DESCRIPTION OF DUTIES		

REASON FOR LEAVING
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REASON FOR LEAVING
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REASON FOR LEAVING
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READ CAREFULLY BEFORE SIGNING

I certify the information in this application is correct to the best of my knowledge and understand falsification of this information is grounds for dismissal. I authorize the references listed herein to give any and all information concerning my previous employment and release all parties from liability for damage which may result from furnishing same to you.

I understand that employment with ComForcare Senior Services is by mutual agreement of myself and ComForcare Senior Services and can be terminated, at will, by either ComForcare Senior Services or myself at any time for any reason, with or without cause or notice. No employee of ComForcare Senior Services has an employment contract, which is not terminable at the will of either the ComForcare Senior Services or the employee, unless it is in writing, clearly states that it is not terminable at will, and is signed by the President or designee of ComForcare Senior Services. No officer, manager or supervisor, other than the President or designee, has authority to alter this policy. This policy may not be modified by any statements contained in this handbook, employment applications, recruiting material or any other materials provided to applicants or employees. I also consent to taking any pre-placement medical examination or any such future medical examination as may be required by ComForcare Senior Services.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Date of Application _____

Talked with Applicant (initial) _____

Verify Salary _____

Verify Availability _____

Soc., Lic., Ins., etc. _____

Verified References (date & initial) _____

Background check sent in _____

Background check received _____

Set up orientation (date & initial) _____

Comments _____

***** For Administrative use only *****